

VOLUNTEER APPLICATION FORM

Thank you for your interest in volunteering with us! Volunteers are very important to our organization's vision:

"To create a healthier Lake Country by promoting wellness and community connections."

The steps to becoming a volunteer are as follows:

- | | |
|---|------------------------|
| 1. Submit Application Form | 4. Reference Checks |
| 2. Interview with Coordinator of Volunteer Programs | 5. Volunteer Training |
| 3. Criminal Record Check | 6. Potential Placement |

Please submit completed form by email or phone Lake Country Health Planning Society.

APPLICANT CONTACT INFORMATION

Name:	Date of Birth:
Address:	
Postal Code:	Email:
Home Phone:	Emergency Contact:
Cell Phone:	Relationship to you:
Languages Spoken:	Emergency Contact Phone:

VOLUNTEER OPPORTUNITIES

Please check any that you would like to be considered for:

- Better at Home
 - Volunteer Driver
 - Grocery Shopping
 - Gardening/Yard Work/Snow Shoveling
 - Minor Home Maintenance
 - Friendly Visitor
- Communications Committee
- Nomination Committee
- Health and Wellness Fair
- Lake Country CARES (Community Action and Response to Elder Abuses)
- Other _____

WORK EXPERIENCE

Alternatively, you may attach a current resume.

Employer:	Position/Title:
Start Date:	End Date:
Duties:	
Employer:	Position/Title:
Start Date:	End Date:
Duties:	

PREVIOUS VOLUNTEER EXPERIENCE

Organization		Position/Title	
Dates of Involvement & Duties:			
Organization		Position/Title	
Dates of Involvement & Duties:			
How did you hear about volunteering with the Lake Country Health Planning Society?			
Why do you want to volunteer with the Lake Country Health Planning Society?			
What skills and personal characteristics would you bring to our organization?			

Office Use Only – Date Received:

REFERENCES

Please provide three references who are unrelated to you.

1 st Reference Name		Phone	
Relationship		Email	
2 nd Reference Name		Phone	
Relationship		Email	
3 rd Reference Name		Phone	
Relationship		Email	

Please read carefully before signing:

I verify that the information provided in this application is accurate and true. I also understand that volunteering with Lake Country Health Planning Society is dependent on acceptable results from criminal record checks and reference checks. While every attempt is made to secure the volunteer position that is desired, Lake Country Health Planning Society maintains the authority to decide the placement of volunteers. I voluntarily authorize the above noted references and records, and release all persons requesting or providing such information from all liability or responsibility.

Signature

Date

Personal Information Protection Act and Freedom of Information and Protection of Privacy Act

The personal information you provide to Lake Country Health Planning Society will not be used, shared, or distributed in any way with other organizations or entities without your consent. It will be used only for the purposes for which it was collected, which is specially and solely related to your role as a volunteer with Lake Country Health Planning Society.

Office Use Only – Date Received:
