

VOLUNTEER APPLICATION FORM

(Please Print)

Name: _____
Mr/Mrs/Ms/Miss/Dr First Name Surname

Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____

E-mail: _____ Date of Birth: ____ / ____ / ____ (mm /dd /yy)

Please list any previous volunteer experience: _____

Languages spoken and/or written: _____

List Interests, Hobbies, Special Skills or Training: _____

Do you have any limitations or restrictions that we should be aware of?

Please indicate how you heard of becoming a volunteer.

Why do you want to volunteer with C.L.L.?

Do you have a criminal record for which you have not received a pardon? Yes _____ No _____

AREA OF INTEREST

Clerical & Computer Support _____ One to One Friends _____

Teach & Play _____ Group Leisure Supports _____

Fundraising & Event Volunteer _____ Accommodation & Relief Programs _____

Please indicate your time availability:

3 months() 6 months() 12 months()

Days preferred: _____

Morning() Afternoon() Evening() Weekend()

190 Adelaide Street South, London, Ontario N5Z 3L1

Emergency Contact:

Name: _____

Address: _____

Home phone: _____ Business phone: _____

Family Physician: _____ Phone Number: _____

References: (Please provide three references, do not use family members)

Name: _____ Daytime phone number: _____

Address: _____ City: _____ Postal Code: _____

Relationship to Applicant: _____ Time Known: _____ Years _____

Name: _____ Daytime phone number: _____

Address: _____ City: _____ Postal Code: _____

Relationship to Applicant: _____ Time Known: _____ Years _____

Name: _____ Daytime phone number: _____

Address: _____ City: _____ Postal Code: _____

Relationship to Applicant: _____ Time Known: _____ Years _____

It is understood that I agree to keep a time commitment, act in a responsible manner, be appropriate as a role model, and respect confidentiality rules relating to individuals and Community Living London.

Volunteer Signature

Date

It is useful, but not mandatory to fill in all portions of this application.

Please Note: If your volunteer placement with Community Living London will involve transporting persons in your car, it is advisable that you notify your automobile insurance company of this fact. You will require a Million Dollars Liability.

VOLUNTEER PHOTO AND INFORMATION CONSENT FORM

I hereby authorize that Community Living London may take my photograph and release it for print or display, including the CLL website, for promotional or other purposes.

Volunteer Signature

Witness Signature

Date

I hereby authorize that Community Living London may share my volunteer information with other Organizations that Community Living London may have a partnership with.

Volunteer Signature

Witness Signature

Date

190 Adelaide Street South, London, Ontario N5Z 3L1

A Member of United Way of London & Middlesex

Tel: (519) 686-3000 Fax: (519) 686-5490

Website: <http://www.cl.on.ca>

VOLUNTEER SERVICES

STATEMENT OF CONFIDENTIALITY

I, the undersigned, do willingly promise to hold in confidence all matters that come to my attention while serving as a volunteer with Community Living London. I will respect the privacy of staff and people supported with whom I am working and will confer appropriately with my program supervisor and Volunteer Services. Furthermore, I will use in a responsible manner information gained in the course of my service at Community Living London.

RULES AND CONDITIONS FOR VOLUNTEERS AND STUDENTS

We at Community Living London are entrusted with providing support to adults and children with intellectual disabilities. The well-being of these people is of utmost importance to us in our efforts to provide supports.

As volunteers and/or students, you do become part of the “team” and are considered to be role models to people we support. As such, we require that you treat people (staff and persons supported), and property, with dignity and respect at all times.

As a volunteer and /or student it is your responsibility to familiarize yourself with procedures involved in protection from infectious disease (Universal Precautions). It is mandatory that these procedures be followed at all times to protect yourself and others. Your program manager will be able to provide you with the necessary information.

The services of those not observing established rules and conditions will be promptly terminated.

I have read, understand and will abide by the foregoing.

Signature

Witness

Date

190 Adelaide Street South, London, Ontario N5Z 3L1

A Member of United Way of London & Middlesex
Tel: (519) 686-3000 Fax: (519) 686-5490
Website: <http://www.cl.on.ca>