

## VOLUNTEER APPLICATION FORM

(Please Print)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth (optional): \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yr)

Please tell us about your previous volunteer experience:

What are your interests, special skills, hobbies, training?

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

Why do you want to volunteer at CLL?

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

### ***Area of Interest***

Computer & Clerical Support \_\_\_\_ One to One Friends \_\_\_\_

Teach & Play \_\_\_\_ Group Leisure Supports \_\_\_\_

Fundraising & Event Volunteer \_\_\_\_ Accommodation Program \_\_\_\_

### ***What is your time availability?***

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

Days preferred: \_\_\_\_\_

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

**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.cll.on.ca>

**Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

**References:** (Please provide 3 references, not family members)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Day Time Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_  
How long has your reference known you? \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Day Time Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_  
How long has your reference known you? \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Day Time Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_  
How long has your reference known you? \_\_\_\_\_

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

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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

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**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 a 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

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## PARENTAL CONSENT FOR VOLUNTEERS UNDER AGE 18

This is to certify that my son/daughter \_\_\_\_\_ is offering their service to the Community Living London agency on a voluntary basis with my full consent and knowledge.

\_\_\_\_\_ has no serious physical or emotional disability which could interfere with these voluntary activities.

In case of emergency or accident, please contact:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

If unable to contact the above person, Community Living London has my permission to initiate appropriate emergency medical procedures.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Volunteer's Health Card Number: \_\_\_\_\_

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