

Volunteer Application

THUNDER BAY FAMILY NETWORK



OUR POLICY

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Information collected will be used solely for the purpose of determining volunteer placement and maintaining statistics. Feedback from volunteers will be solicited on a regular basis. Thank you for completing this application form and for your interest in volunteering with us.

PERSONAL INFORMATION

Full Name _____

Address _____

Email _____

Phone Number _____

City _____

Date of Birth _____

GENERAL INQUIRIES

1. Please indicate how you heard about our volunteer program?

- | | | |
|-------------------------------------|--|---|
| <input type="radio"/> Public Event | <input type="radio"/> School | <input type="radio"/> Online/Social Media |
| <input type="radio"/> Friend/Family | <input type="radio"/> Work | <input type="radio"/> Board Member/Staff |
| <input type="radio"/> Staff | <input type="radio"/> Media (print/TV/radio) | <input type="radio"/> Other _____ |

2. Please indicate your main reasons for volunteering.

- | | |
|--|---|
| <input type="radio"/> Willingness to assist others | <input type="radio"/> Networking |
| <input type="radio"/> Establish work record/build resume | <input type="radio"/> Gain skills, knowledge and experience |
| <input type="radio"/> Volunteer hours | <input type="radio"/> Other _____ |

3. Please share your availability for volunteer assignments

- | | |
|--|--|
| <input type="radio"/> Regularly (weekly) | <input type="radio"/> Evenings |
| <input type="radio"/> Biweekly | <input type="radio"/> Weekends |
| <input type="radio"/> Once a month | <input type="radio"/> Occasionally (for specific events/as needed) |

AREAS OF INTEREST

- | | |
|---|---|
| <input type="radio"/> Admin/Clerical | <input type="radio"/> Events |
| <input type="radio"/> Family Networking | <input type="radio"/> Fundraising |
| <input type="radio"/> ICAN Social Network | <input type="radio"/> Communications |
| <input type="radio"/> Sponsorship | <input type="radio"/> Training/Facilitation |
| <input type="radio"/> Advocacy | <input type="radio"/> Other |

SKILLS, QUALIFICATIONS & EXPERIENCE

4. Please share your skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports (i.e. public speaking, accounting, leadership, event planning).

5. Please describe your experience in working or volunteering with families and individuals with a disability.

ADDITIONAL INFORMATION

Have you provided a resume? Optional.

☐ Yes ☐ No

Do you have current First Aid/CPR Certification?

☐ Yes ☐ No

Are you willing to obtain a Criminal Record Check?

☐ Yes ☐ No

Do you have experience Volunteering?

☐ Yes ☐ No

Do you have experience working in the disability field?

☐ Yes ☐ No

OTHER

Volunteer Network Application

THUNDER BAY FAMILY NETWORK



Full Name _____

EMERGENCY CONTACT

Full Name _____

Address _____

Phone Number _____

Relationship _____

Full Name _____

Address _____

Phone Number _____

Relationship _____

REFERENCES

Full Name _____

Title _____

Phone Number _____

Email _____

Relationship _____

Full Name _____

Title _____

Phone Number _____

Email _____

Relationship _____

AGREEMENT & SIGNATURE

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Print Name

Volunteer Signature

Date

UNDER 16 YEARS OF AGE

This section is to be completed by a parent or guardian, if the applicant is under 16.

I am aware of and support

decision to volunteer with Thunder Bay Family
Network.

Full Name _____

Address _____

Phone Number _____

Signature _____

OFFICE USE ONLY

Interview Date _____

Orientation Date _____

Volunteer Accepted ☐ Yes ☐ No

Approved By & Title _____

Date _____

Signature _____