

ACCESS Volunteer Application



PERSONAL INFORMATION

| | |
|---|-----------------------------------|
| Name: (first/middle/last) | Date: |
| Street Address: | Home Phone: |
| City/Town: | Work Phone: |
| Postal Code: | Cell Phone: |
| Email Address: | Best time to call: |
| Language(s) Spoken/Written: | Email Address: |
| School Currently Attending (youth only) | Last Grade Completed (youth only) |

EMERGENCY INFORMATION – in case of emergency contact

| | |
|-------------|---------------|
| Name: | Relationship: |
| Work Phone: | Home Phone: |

AVAILABILITY

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-----------|--------|---------|-----------|----------|--------|----------|--------|
| Morning | | | | | | | |
| Afternoon | | | | | | | |
| Evening | | | | | | | |

Do you have transportation to and from the event and/or program? YES NO

Are you currently a participant in any of our agency programs? YES NO

Do you have a valid driver's licence? YES NO

EDUCATION

| | |
|----------------------------|------------------|
| Secondary School: | Grade Completed: |
| College/Some College: | Program: |
| University/Some University | Program: |

SKILLS AND INTERESTS

| | |
|----------------------------------|--|
| Employment Experience: | |
| Previous volunteer experience: | |
| Hobbies, interests, skills: | |
| Special training, certification: | |

REFERENCES (RELATIVES ARE NOT SUITABLE)

| | |
|-----------------|------------------------|
| Name: | Phone: |
| Street Address: | City/Town/Postal Code: |
| Name: | Phone: |
| Street Address: | City/Town/Postal Code: |

I understand that I am not an employee of ACCESS County Community Support Services, and that any duties that I perform are as a volunteer. I agree to abide by all policies and procedures as a volunteer. I understand that it is my responsibility to update any address, emergency or other changes to the information on this form. I also understand that it is the policy and procedure of ACCESS County Community Support Services to require a police check for all adult volunteers of this agency before any volunteer placement.

The information collected is for the sole purpose of the application and screening process for ACCESS and will not be shared with anyone outside of ACCESS. The information will be stored on an agency database.

| | |
|------------|-------|
| Signature: | Date: |
|------------|-------|

VOLUNTEER INFORMATION

| | |
|---|--|
| Which site would you like to volunteer at? | |
| What volunteer position(s) are you interested in? | |
| What prompted you to volunteer? | |
| How did you learn of our volunteer opportunities? | |
| What do you hope to gain from this experience? | |