

VOLUNTEER APPLICATION



camphill communities ontario
creativity community opportunity

PERSONAL INFORMATION:

TODAYS DATE:

LAST NAME:

FIRST NAME:

EMAIL:

PHONE NUMBER:

STREET ADDRESS:

CITY:

PROVINCE:

POSTAL CODE:

GENDER: Male
Female

DO YOU HAVE A DRIVERS
LICENSE? YES
NO

EMERGENCY CONTACT
NAME:

RELATIONSHIP:

PHONE NUMBER:

VOLUNTEER INTEREST:

DO YOU HAVE
EXPERIENCE IN ANY OF
THE FOLLOWING
AREAS: CHECK ALL
THAT APPLY

POTTERY
WEAVING
GARDENING
WOODWORKING
MUSIC
RETAIL

HOW OFTEN ARE
YOU INTERESTED IN
VOLUNTEERING?

AM FLEXIBLE
A FEW TIMES A WEEK
WEEKLY
MONTHLY
EVENT SPECIFIC

WHAT IS YOUR
AVAILABILTIY?

AM FLEXIBLE
MORNING
AFTERNOON
EVENING
WEEKEND

WHAT TYPE OF
VOLUNTEER
OPPORTUNITY ARE
YOU INTERESTED IN?

ONE-ONE WORK IWTH AN
ADULT WITH SPECIAL
NEEDS
WORKSHOP/PROGRAM
SPECIFIC
OFFICE WORK
(FUNDRAISING,
FILING, WEBSITE, ETC)
STORE
BINGO (WED's 6PM to
8PM IN BARRIE)

DO YOU HAVE A
GEOGRAPHIC
PREFERENCE AS TO
WHERE YOU
VOLUNTEER?

BARRIE
ANGUS
NO PREFERENCE

OTHER:

WHAT ARE YOUR
HOBBIES OR INTEREST:

YOUR REFERENCES:

PLEASE PROVIDE US WITH TWO REFERENCES. REFERENCES SHOULD BE INDIVIDUALS WHO HAVE WORKED WITH YOU IN AN EMPLOYMENT OR VOLUNTEER CAPACITY. RELATIVES CANNOT BE LISTED AS REFERENCES:

REFERENCE #1:

REFERENCE #2:

NAME:

NAME:

TITLE:

TITLE:

RELATIONSHIP TO
APPLICANT:

RELATIONSHIP
TO APPLICANT:

PHONE NUMBER:

PHONE NUMBER:

EMAIL ADDRESS:

EMAIL ADDRESS:

HOW **DID YOU HEAR**
ABOUT CAMPHILL?

AD FOR VOLUNTEERS
VOLUNTEER CENTRE
FROM ANOTHER AGENCY
FROM SOMEONE CAMPHILL SUPPORTS
CAMPHILL STORE
SCHOOL

SCHOOL NAME:

REFERRED BY FRIEND/VOLUNTEER

NAME OF FRIEND /
VOLUNTEER

OTHER