



Interfaith Community Counselling Centre
VOLUNTEER APPLICATION FORM
 23B Church Street, New Hamburg, Ontario, N3A 1J1
 (519) 662-3092

PERSONAL INFORMATION	
Name (Miss, Mrs., Mr., Ms.):	Telephone Number: (Home) (Cell) (Bus) May we contact you at work Yes <input type="checkbox"/> No <input type="checkbox"/>
Mailing Address: City & Postal Code:	Email Address:
Place of Employment/School or Retired From:	Date of Birth (optional): <div style="text-align: right; margin-left: 100px;">day/month</div>
Are you currently: <input type="checkbox"/> University/College Student <input type="checkbox"/> Secondary School Student <input type="checkbox"/> Working/Retired/At home	Emergency Contact Name: Telephone (H) _____ (B) _____
Health Problems/Limitations we should know about: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain:	Other Languages spoken: (Used to communicate with visitors/patients)
Have you been convicted of a criminal offence for which a pardon has not been granted? <input type="checkbox"/> No <input type="checkbox"/> Yes.... If yes, please explain:	Circle Availability: Mon. Tues. Wed. Thurs. Fri. Sat. Sun. Circle Time(s) Available: Morning Afternoon Evening
VOLUNTEER CONTRACT	
<ol style="list-style-type: none"> 1. Performance: I agree to report for duty at the assigned time and day or <u>to ensure that a replacement is arranged</u>. If unable to arrange a replacement, it is my responsibility to advise the unit and my immediate supervisor. 2. Commitment: I realize that I am making a volunteer commitment, for a <u>minimum of 6 months</u>, and I intend to honour it to completion. 	
<p>I hereby declare that the above information is true, and understand that a false statement may disqualify me from volunteering or cause my dismissal.</p>	
<hr style="width: 20%; margin: 0 auto;"/> Date	<hr style="width: 20%; margin: 0 auto;"/> Signature of Applicant

