

**VOLUNTEER APPLICATION FORM – 2019** DATE: \_\_\_\_\_

**Contact Information**

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

What do you like to be called? \_\_\_\_\_

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

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

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Emergency Contact**

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

Relation: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Age:**

18-24       25-40       41-54       55-64       65+

**Languages**

Spoken: \_\_\_\_\_

Written: \_\_\_\_\_

**Volunteer Opportunity Interest**

- |   |   |
|---|---|
| <input type="checkbox"/> 1 on 1 English Conversation Practice Program | <input type="checkbox"/> Event Assistant                      |
| <input type="checkbox"/> Conversation Circle Lead/Assistant           | <input type="checkbox"/> Computer Club                        |
| <input type="checkbox"/> Family Mentorship Program                    | <input type="checkbox"/> Tax Clinic Volunteer                 |
| <input type="checkbox"/> Front Desk Volunteer                         | <input type="checkbox"/> Community Connections Lead Volunteer |

**Why do you want to volunteer at Immigrant Services?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please list special skills/qualities/qualifications and experience:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For Office Use Only**

Program Applied for: \_\_\_\_\_

Interview Date: \_\_\_\_\_ Approved?  Yes  No

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Police Check Rcvd:  Yes  No  N/A



**References:** Please provide 2 references OR 1 letter of reference and 1 reference. Note that by filling the space below you consent for us to contact the person(s) you provide as references

<u>Name</u>	<u>Phone/email</u>	<u>Relationship</u>
1. _____	_____	_____
2. _____	_____	_____

**Police Check**

Please note that we require a Police Vulnerable Sector Check for all volunteers. We will consider Police checks valid for 1 year after date of issue. Please do not apply for this until your recruitment process begins.

**Confidentiality**

All staff, board members, volunteers, and contract workers at **Immigrant Services Guelph-Wellington** are obligated to use this policy. By signing, you agree to abide by **IS-GW's** policy on confidentiality and privacy of information.

All employees, board members, and volunteers at **IS-GW** are obligated to treat as confidential all written and verbal information acquired during their work at **IS-GW**. This policy also protects the undersigned and provides him/her the right of privacy and confidentiality. This policy of confidentiality applies to all aspects of the Centre, including involvement with cultural communities, government departments, sponsors, non-profit organizations, and individuals using the Centre's services or conducting business with the Centre.

The undersigned will treat all written and verbal information acquired during their time as a volunteer as confidential and will keep confidential all aspects of the Centre's relationship with any government department, non-profit organization, sponsoring agency, or any other contact.

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

Date (day/month/year): \_\_\_\_\_

Signature: \_\_\_\_\_

**Photo Release**

With their permission, photos and videos of **Immigrant Services-Guelph Wellington** program participants, volunteers and clients may be taken in order to document and promote our future programs. These photos and videos may be used in future program brochures, flyers, photo displays, and on our website.

**We will not release any names or give any other information out regarding the identification of individuals in the photo.** This consent form is to obtain permission to use the photographic or video image of you, obtained during **Immigrant Services** programs, in our organization's promotional materials.

I hereby give permission for the image of myself to be used for future promotional purposes of the **Immigrant Services- Guelph Wellington**, and to be released for the above mentioned purposes.

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

Date (day/month/year): \_\_\_\_\_

Signature: \_\_\_\_\_



**Email Consent**

**Immigrant Services Guelph-Wellington (IS-GW)** wishes to send you electronic messages from time to time such as e-mails, attachments and electronic newsletters regarding our activities. However, under **Canada's anti-spam legislation (CASL)**, we cannot send you electronic communications unless we first have your permission to do so. Please tick off the appropriate box below stating whether you consent to us sending you electronic messages and material. **Yes** (unsubscribe anytime)  **No**

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

Date (*day/month/year*): \_\_\_\_\_

Signature: \_\_\_\_\_

I agree that all of the above information is true to the best of my knowledge.

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

**FOR OFFICE USE ONLY**

Notes:

