



VOLUNTEER APPLICATION FORM

Date: _____

PLEASE PRINT CLEARLY

Name:	Address:
City/ Town:	Postal Code:
Email:	
Home Phone:	Cell Phone:
Emergency Contact:	Emergency Phone:
Relationship to Emergency Contact:	

AVAILABILITY

Please check all that apply:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon		
<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening		
<input type="checkbox"/> Weekend	<input type="checkbox"/> Weekend	<input type="checkbox"/> Weekend	<input type="checkbox"/> Weekend	<input type="checkbox"/> Weekend		

PLACEMENT PREFERENCES

Position(s) Interested In (Please check all that apply):

- Administrative Assistant
- Board of Directors
- Classroom Assistant
- Special Event Volunteer (Casino, Literacy Backpack Day, Oilers 50/50, Christmas Hampers)

Why do you want to volunteer with ABC Head Start? _____

EXPERIENCE

To better understand your skills & personal interests, please provide the following information:

Language(s) spoken: _____

Education and training: _____

Information about yourself you would like to share: (health concerns, special interests, hobbies, skills, etc.)

Previous Volunteer Experience: _____

FORMS & INFORMATION CHECK

Due to the nature of our volunteer positions, ABC Head Start Society may require the following information checks to be conducted:

1. Criminal Record Check
2. Intervention Record Check
3. Media Release Check
4. Confidentiality Form
5. Position Description

ABC Head Start will only use the above information to determine your suitability for particular types of volunteer work. All such information will be kept confidential.

Do you consent to receive commercial electronic messages from ABC Head Start Society?

YES

NO

CHARACTER REFERENCE

References: Due to the nature of our work we require all volunteers provide two character references.

Name: _____ Relationship to You: _____

Phone Number: _____ Email: _____

Name: _____ Relationship to You: _____

Phone Number: _____ Email: _____

By signing below, I guarantee that all the above information is correct.

Signature

Date

OFFICE USE ONLY

Police Check _____ Date _____ Update on _____

IRC _____ Date _____ Update on _____

Confidentiality _____

Media Release _____

Information Sheet _____

Position Description _____

