

For Office Use
 CRC: _____ Expires: _____
 References: _____
 Interview: _____
 Start Date: _____



Volunteer Application

Date: _____

Applicant Information

Full Name: _____ DOB: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City Province Postal Code*

Phone: _____ Email _____

Availability

Days Available: *Circle one* **M T W Th F**

Times Available: _____

Volunteer Position Applied for: _____

Education

Are you currently attending School? YES NO

Volunteer Hours count towards High School Graduation Requirements, talk to the Volunteer Supervisor to be sure you get those hours logged 😊

References

Please list two references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment/Volunteering

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

Start : _____ End: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Criminal Record

Do You have a criminal record of any kind, or have you ever been charged with a criminal offence? YES NO

If YES, please indicate the nature of the offence: _____

A Criminal Record Check Must Be Completed in Order to Volunteer in ANY capacity here at the James Bay Community School Centre

In Case of Emergency

Last Name:	First Name:	Relationship:	
Address:	Cell #	Home #	Work #

Medical Information

Do you suffer from any serious medical conditions? YES <input type="checkbox"/> NO <input type="checkbox"/>	Please Specify:
Do you have any life threatening allergies? YES <input type="checkbox"/> NO <input type="checkbox"/>	Please Specify:
Do you wear a Medic Alert Tag? YES <input type="checkbox"/> NO <input type="checkbox"/>	Please Specify:
Do you carry medication with you at all times? YES <input type="checkbox"/> NO <input type="checkbox"/>	Please Specify:
Service limitations? (i.e. physical - no heavy lifting) YES <input type="checkbox"/> NO <input type="checkbox"/>	Please Specify: