

Gateway Volunteer Application

Personal Information

Name: _____

Address: _____

Phone #: _____ Other #: _____

Email: _____

Volunteer Credentials

Do you have a valid driver's license? Yes ☐ No ☐

Do you speak languages other than English? Yes ☐ No ☐ Specify: _____

Do you have a CPR / First Aid certificate? Yes ☐ No ☐ Expiry Date: _____

Are you presently volunteering with another organization? Yes No

If so, please list organization(s) and type of work: _____

Have you had other previous volunteer experience? Yes No

If so, please list organization(s) and type of work: _____

Interests

Knitting / Sewing	☐	Cooking / Baking	☐	Working with Children	☐
Community Events	☐	Exercise / Sports	☐	Working with Adults	☐
Environmental Issues	☐	Health Care	☐	Reading	☐
Woodworking	☐	Computers	☐	Making Crafts	☐

Other skills/interests you would like to share with others:

References

Please provide the names of two people who can be contacted to give an accurate assessment of your capabilities and personal qualities (no family members).

1) Name: _____ Phone #: _____
Email Address: _____

2) Name: _____ Phone #: _____
Email Address: _____

Availability (circle)

Mornings ☐ Afternoons ☐ Evenings ☐

Can you make a 6-month commitment to this program? _____

Reason / Motivation

What are your expectations in volunteering with Gateway Community Health Centre?

What life experiences have you had that might be useful to you in volunteering with our Centre?

How did you hear about the volunteer program at Gateway Community Health Centre?

Do you have any personal concerns you feel we should be aware of? (i.e., transportation, allergies, physical limitations, etc.)

Do you consent to a police record check before beginning to volunteer? Yes ☐ No ☐

Over age 18: Do you consent to a Vulnerable Sector Check? Yes ☐ No ☐

I hereby certify that all the information included in this application form is complete.

I understand that incomplete applications will not be considered and providing false information is grounds for immediate disqualification.

Signature: _____ Date: _____

For Office Use Only

Volunteer Placement / Matching

☐ Early Years/Youth

☐ Community Programs

☐ Other: _____

Assigned Position:

Assigned Program Lead:

References Checked: Yes / No