



# Volunteer Application

## A. Personal Information

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

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

\_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

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

Preferred contact:      Email                       Phone

Emergency Contact Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Languages Spoken:     English     French     Other (please specify) \_\_\_\_\_

Do you have any special needs?     Yes    No    If yes, please specify: \_\_\_\_\_

Are you currently a client of the Health Centre?    Yes                       No

Do you have a valid Ontario Driver's Licence?    Yes     No    Class of Licence: \_\_\_\_\_

## B. Availability

On which of the following days and times do you wish to volunteer? (check all that apply)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

How much time do you have to volunteer each week? \_\_\_\_\_ Each month? \_\_\_\_\_

## C. Experience/Skills/Education

Occupation: \_\_\_\_\_ (Attach a copy of your resume if you wish)

Have you volunteered for other organizations? If you have, briefly describe the duties you had.

Do you have any special skills, talents, hobbies or experiences that would be helpful as a Central Community Health Centre volunteer?

**D. Motivation and Goals**

How did you hear about volunteering at the Central Community Health Centre?

Why do you want to volunteer for the Central Community Health Centre?

**E. References**

Please provide us with the names of three references who are not family members.

Name and Title	Phone Number	How long have you known this person?	Relationship

**Please complete the following questions if you wish to be considered for a position as a driver.**

Most shifts will take approximately four hours of your time. Your volunteer shift includes two one-way trips per client; one from the client's residence to a destination, and a return trip. You may be asked to drive more than one client per shift. You are only required to give clients the ride(s) that have been originally scheduled.

We serve clients throughout St. Thomas, Central Elgin and Southwold Township. We may also ask you to drive clients to appointments throughout London.

Would this be a problem for you?  Yes  No

Would you be willing to drive outside of this area occasionally?  Yes  No

## F. Driving Record

Do you have a current and valid Ontario class G driver's licence?		
<input type="checkbox"/> Yes (please attach a copy of both sides) <input type="checkbox"/> No		
Driver's Licence Number:	Expiry Date:	
How long have you had a driver's licence?	Years:	Months:
Are there any restrictions on your driver's licence? <i>If restricted, state type:</i>		
Have you ever had your driver's licence suspended, revoked, or refused?		
<input type="checkbox"/> Yes <i>If yes, please explain:</i>		
<input type="checkbox"/> No		
Has an insurance company ever refused, cancelled, non-renewed or given notice of intention to non-renew your automobile insurance?		
<input type="checkbox"/> No		
<input type="checkbox"/> Yes, cancelled		
<input type="checkbox"/> Yes, non-renewed		
<input type="checkbox"/> Yes, refused		
<i>If yes, please explain and list company, agent name and phone:</i>		
<i>Date:</i>	<i>Reason:</i>	
Have you been convicted during the last 10 years of driving while intoxicated or under the influence of drugs?		
<input type="checkbox"/> Yes		
<input type="checkbox"/> No		
<i>If yes, please explain (date, charge, jurisdiction)</i>		
Have you had any traffic violations in the past 3 years?		
<input type="checkbox"/> Yes		
<input type="checkbox"/> No		
<i>If yes, please give full details, including dates (please use the back of the sheet if necessary)</i>		
Have you had any type of motor vehicle accident in the last 5 years?		
<input type="checkbox"/> Yes		
<input type="checkbox"/> No		
<i>If yes, please describe fault, date, damage to the vehicle, property, injury, etc.(use back of sheet if needed)</i>		

I hereby attest that the information in this application form is accurate to the best of my knowledge. By signing this application, I authorize Central Community Health Centre to contact the persons I have listed above for the purpose of obtaining reference information. These persons are authorized to disclose such reference information. I understand that if I am a successful applicant, I will also be required to provide a Criminal Records Check and Vulnerable Sector Screen through my local police department as a condition of placement. (Applicants who possess a Police Vulnerable Sector Check, dated within the last 6 months, are welcome to submit **the original** with their application.) If I wish to pursue a position as a driver, I understand that I am also required to give authorization to the Central Community Health Centre to obtain a copy of my current Driver's Abstract on my behalf as a condition of placement and to release my name and driver's licence number to the Canadian Mental Health Association and Central Community Health Centre insurers for review.

Volunteer/Placement signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if under 16 years of age)

**Notice of Collection (NOC):** Personal information contained on this form is collected pursuant of the *Personal Health Information Protection Act*, and will be used in responding to the request. Questions about this collection should be directed to the Central Community Health Centre Privacy Officer at the address below or telephone (519) 633-7989 ext. 404 or email [privacy@centralchc.ca](mailto:privacy@centralchc.ca).