3 Sylvia Avenue Halifax, Nova Scotia B3R 1J7

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**VOLUNTEER APPLICATION**

Last Name First Name

Apt. Street Town/City

Phone Email

Emergency Contact Name Relationship

Phone

Why would you like to volunteer at Chebucto Family Centre?

|  |
| --- |
|  |

Relevant education, work or life experience:

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| --- |
|  |

List any previous volunteer experiences:

|  |
| --- |
|  |

I am interested in (please check all that apply):

Childcare Wednesday (am): \_\_\_\_\_\_\_

Childcare Thursday (am): \_\_\_\_\_\_\_

Childcare Wednesday (last of the month, evening): \_\_\_\_\_\_\_

Youth Night Friday (monthly): \_\_\_\_\_\_\_

Preparing meals and snacks on site (flexible): \_\_\_\_\_\_\_

Organizing trading and clothing cupboard (flexible): \_\_\_\_\_\_\_

Administrative help (photocopying, data entry, envelope stuffing) (flexible): \_\_\_\_\_\_\_

Facilitating a program or workshop (please provide details):

|  |
| --- |
|  |

Please provide two references:

Name Relationship Phone

Name Relationship Phone

**I agree to:**

□ Participate in orientation and training as necessary

□ Respect the confidentiality of all information I may see/hear during my volunteer time

□ Submit a valid criminal record check and child abuse register check

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

**Signature Date**

To be completed by office:

Interviewed by Date

Start date Frequency and placement

Criminal Record Check □ Child Abuse Register □