

## Volunteer Application

### Contact Information:

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, Prov., Postal Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_

### If you are a student, please complete the following:

Name of Parent/Guardian: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, Prov., Postal Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Name of School & Address: \_\_\_\_\_  
Principal/Teacher Name: \_\_\_\_\_

### If you are employed, please complete the following:

Employer: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, Prov., Postal Code: \_\_\_\_\_  
Schedule: \_\_\_\_\_

### Availability:

*During which hours are you available for volunteer assignments?*

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Weekday Mornings | <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekday Evenings |
| <input type="checkbox"/> Weekend Mornings | <input type="checkbox"/> Weekend Afternoons | <input type="checkbox"/> Weekend Evenings |

### Interests:

*Tell us in which areas you are interested in volunteering:*

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> General Events    | <input type="checkbox"/> Website                       | <input type="checkbox"/> Fundraising           |
| <input type="checkbox"/> Community Watch   | <input type="checkbox"/> Information Display / PR      | <input type="checkbox"/> Newsletter Production |
| <input type="checkbox"/> General Volunteer | <input type="checkbox"/> Other (please specify): _____ |  |

**Special Skills or Qualifications:**

*Summarize special skills and qualifications you have acquired from employment, previous volunteer experience, or through other activities, including hobbies or sports.*

**Previous Volunteer Experience:**

*Summarize your previous volunteer experience:*

**References:**

*Professional:*

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

*Personal:*

Name: \_\_\_\_\_  
Relation: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

*Have you ever been convicted of a criminal offence, for which you have not been pardoned?*

Yes  No

*Before becoming a volunteer, candidates must obtain a yearly police records check, which can be facilitated by Crime Stoppers.*

**Person to Notify in Case of Emergency:**

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, Prov., Postal Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

*By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.*

Name (printed): \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**Our Policy:**

*It is the policy of this organization to provide equal opportunities without regard to race, colour, religion, national origin, gender, sexual preference, age, or disability.*

*Successful applicants will have a Criminal Records Check (Volunteer Vulnerable Sector) run by HRPS.*

Please submit this application to **info@haltoncrimestoppers.ca** along with a copy of your resume.