

# Volunteer Application Form

## Dawn House Services and Housing for Women

Please note volunteers must be at least 16 years of age.

Please return form to Program Facilitator/Volunteer Coordinator:

dawnhouse965@otulook.com or Drop off/Mail to 965 Milford Dr. Kingston, On K7P 1S2

### 1. Personal Information (please print)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### 2. Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

### 3. Education

School	Name of School or Course of Study	Highest Level Completed	Currently Attending
High School			
Post Secondary			
Other			

Special Training or Skills Received:

Are you receiving academic credit for your volunteer work?  No  Yes, Hours Required \_\_\_\_\_

### 4. Employment History

Employer	Job Title	From month/year	To month/year	Reason for Leaving

Current Employment Status:  Full Time  Part Time  Student  Retired  Unemployed

5. Volunteer Experience

Organization	Your Role	From month/year	To month/year	Reason for Leaving

6. Please Indicate Your Availability (example: 12:30–3:30p.m.)

Monday      Tuesday      Wednesday      Thursday      Friday      Saturday

Morning

Afternoon

Evenings

A) How long of a commitment are you prepared to make?       6       months9       months1 year

B) How often would you like to volunteer?       1 shift bi-weekly       weekly       1 shift/week      2-3  shifts / week events

7. What volunteer opportunity are you interested in; see attached job descriptions (please check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Front Desk Reception | <input type="checkbox"/> Janitorial/Maintenance    |
| <input type="checkbox"/> Program Support      | <input type="checkbox"/> Bridal Boutique Attendant |
| <input type="checkbox"/> Program Facilitation | <input type="checkbox"/> Office Support            |
| <input type="checkbox"/> Board Member         | <input type="checkbox"/> Fundraising               |

8. What are your reasons for volunteering?

- |  |   |
|--|---|
| <input type="checkbox"/> Academic Credit           | <input type="checkbox"/> To Support the Cause   |
| <input type="checkbox"/> Court Appointed Hours     | <input type="checkbox"/> For Social Interaction |
| <input type="checkbox"/> Placement Program         | <input type="checkbox"/> To Stay Active         |
| <input type="checkbox"/> To Gain Employment Skills | <input type="checkbox"/> Other: _____           |

9. Please list two references, past or present employers, teachers, volunteer supervisors, etc. We cannot accept family members or personal friends as references.

Name	Relationship	Phone Number

I hereby authorize Dawn House Services and Housing for Women to contact the above named reference to establish my suitability as a volunteer and I hereby release Dawn House and their company from all liability for any damage for issuing the same. I further authorize Dawn House Services and Housing for Women to maintain this information in their records and absolve them from liability. Disclaimer: It is the policy of Dawn House Services & Housing for Women to screen all prospective volunteers. While we try to place every applicant, we reserve the right to select applicants according to our needs and criteria.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Witness \_\_\_\_\_

Date: \_\_\_\_\_

Parental Consent (for those under 18 years of age)

I give \_\_\_\_\_ my consent to work as a volunteer at Dawn House Services and Housing for Women.

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For Office Use Only**

Date Received: \_\_\_\_\_

Date Interviewed: \_\_\_\_\_

Date of Orientation \_\_\_\_\_

Police Check Completed:    Yes                  No

Additional Information: \_\_\_\_\_