



ADULT VOLUNTEER APPLICATION FORM

Please print

A. PERSONAL:

Full Name: _____

Phone: _____ Cell: _____

Address: _____ Postal Code: _____

Email: _____ Date of Birth: _____

Emergency Contact Name: _____ Emergency Contact Number: _____

Are you a parishioner of Our Lady of Assumption Parish? (please circle) --- YES ----- NO ---

List three references other than family:

Name	Relationship	Phone	Email

Three references who can describe your suitability for this ministry (friends, neighbours, other parishioners, coworkers, professionals). Notify these people that the parish will be contacting them.

B: HEALTH:

Do you have any medical conditions which may require special consideration? Yes or No (circle)

If yes, please describe:

C: BACKGROUND:

Current or Previous Occupation _____

Education/Training/Certification or related experiences

Let us know about your hobbies, interests, skills:

Other Volunteer experience:

What languages do you speak/write? _____

D: VOLUNTEER ROLE:

What volunteer roles would be of interest?

Volunteer Roles	Check	Tasks
Hospitality		Greeter, Refreshments, Soup Kitchen, clean up
Set-up/Take-down		Set-up chairs and tables, Take-down, Clean room, Give directions
Administration		Receive and process registrations, maintain statistic and records
Communication		Maintain and monitor webpage and social media, update calendars
Program Assistant		Introduce leader, monitor time, assist with supplies
Team Lead		Lead program based on your particular skills and background
Phone Calls / Home Visits		One-on-one outreach and assistance – Neighbour to Neighbour
Transportation		Drive people to appointments or to program and back
Other		As defined by a specific Assumption Cares program: <i>(write below)</i>

Please indicate the reason you are choosing to volunteer for Assumption Cares

F: CRIMINAL HISTORY:

All volunteer positions require a Police Vulnerable Sector check.

Conviction will not necessarily disqualify you from participating. A letter will be provided to you to submit to the police department for your residential municipality. Reimbursement can be provided for the cost if you are approved to be a volunteer.

Have you been convicted of a felony? YES _____ NO _____

If yes, please explain _____

I understand that the following is required:

- Take basic volunteer training
- Take additional volunteer training based on your volunteer role (as needed)
- Provide signed confidentiality form
- Provide signed media release form
- For drivers, provide valid driver’s license and proof of insurance
- **MEDIA RELEASE:** Photos and/or videos may be taken of you during your time as a volunteer, that may be used to promote Assumption Cares both on the social media, the website, and other media outlets.

I certify that all the statements made on this form are true, complete and correct. I authorize you to contact the references provided. I understand that any false information on this application will be cause for termination as a volunteer.

X _____

Name (Signature)

X _____

Date

This application can be emailed to nsteiner@dol.ca

Questions? Call Natalie Steiner at 226-260-1768

THANK YOU FOR YOUR DESIRE TO BE PART OF ASSUMPTION CARES