

**Weston/Mt Dennis Site** - 1167 Weston Road, Toronto ON M6M 4P5

**Bloor Site** - 1709 Bloor St. West 2nd Floor, Toronto ON M6P 4E5

Tel: (416) 249-7946 Fax: (416) 249-4219 email: [info@humberseniors.org](mailto:info@humberseniors.org)

## VOLUNTEER APPLICATION FORM

We appreciate your interest in volunteering with West Toronto Support Services. Please complete this form and return it to our office. Please note that reference **letters** and **forms** will only be given out after completion of three months within thirty hours of volunteer service.

**Our screening process includes a Police Records Check – any unpardoned criminal convictions will disqualify an applicant.**

### Personal Information:

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

Last Name \_\_\_\_\_

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

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_  Home  Work  Cell

Alternate Number: \_\_\_\_\_  Home  Work  Cell

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

### Emergency Contact:

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

### Background

Are you a student?  Yes  No

Are you currently employed?  Yes  No Position: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

If no, are you retired?  Yes  No

How did you hear about us? \_\_\_\_\_

**What languages are you comfortable with?**

_____	<input type="checkbox"/> Read	<input type="checkbox"/> Write	<input type="checkbox"/> Speak
_____	<input type="checkbox"/> Read	<input type="checkbox"/> Write	<input type="checkbox"/> Speak
_____	<input type="checkbox"/> Read	<input type="checkbox"/> Write	<input type="checkbox"/> Speak

**Work / Volunteer Experience**Position: \_\_\_\_\_  Work  Volunteer

Name of Organization: \_\_\_\_\_ Duration: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

Position: \_\_\_\_\_  Work  Volunteer

Name of Organization: \_\_\_\_\_ Duration: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

**Please list any hobbies or special skills that you have that may be relevant to our clients' needs:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What are your objectives in volunteering with us?**

\_\_\_\_\_

\_\_\_\_\_

**Availability**

- Monday       Tuesday       Wednesday       Thursday       Friday  
 Mornings       Afternoons       Evenings       Weekends       Other

**What positions are you interested in? Please check your preferences below:**

- Meals on Wheels Server (10: 30am - 12: 30 pm)       Office Assistant (Bloor Site Only)  
 \*Meals on Wheels Driver (10: 30 am - 1:00 pm)\*       Adult Day Service  
 Agency Promotion       Special Events  
 Wellness Programs (Weston Site Only)  
 Telephone Reassurance

*\*These positions require a valid Driver's license and a clean driving record.\**

**References:**

Please provide three non-family references. At least one reference should include a person that is familiar with your work/education/volunteer history, i.e. a supervisor, co-worker, volunteer supervisor, teacher, professional, etc.

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

How does this person know you? \_\_\_\_\_

How long has this person known you? \_\_\_\_\_

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

How does this person know you? \_\_\_\_\_

How long has this person known you? \_\_\_\_\_

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

How does this person know you? \_\_\_\_\_

How long has this person known you? \_\_\_\_\_

**Attachments**

Please mention any attachments that you have included with your application.

Cover Letter       Resume       Certification       Police Reference Check

Other \_\_\_\_\_

**Permission Statement**

I give West Toronto Support Services permission to contact the above references in order to discuss my suitability as a volunteer.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby declare that the foregoing information is true and complete, to my knowledge. I understand that a false statement may disqualify me from employment or cause my dismissal.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please note that if you are 18 years of age or under, you must have a parent/ legal guardian sign, giving you permission to volunteer for West Toronto Support Services.

Parent Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**We will protect and respect your privacy. Your personal information is used only for volunteer application purposes. Our Privacy Statement is available anytime, upon request. This Agency has adopted the Code for Volunteer Involvement in all its policies, practices and procedures.**

**Thank you for your interest in volunteering with West Toronto Support Services!**