



CERV VOLUNTEER APPLICATION

Personal Information

(Please print)

Last Name:		First Name:		Common Name and/or Title:	
Address:				Telephone (home):	
City		Province		Postal Code	Telephone (business):
FAX:	Email Address:		Emergency Contact:		
			Name:		
			Telephone:		

Skills

Languages: <i>(other than English)</i>	Education:	Special Training:
Occupation (Present):	Hobbies:	Family Obligations: (ages of young children at home)

Emergency Planning

Would you be willing to volunteer during an emergency? <input type="checkbox"/> yes <input type="checkbox"/> no		
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References

Reference (not related):		Reference (not related):	
Name: _____		Name: _____	
Address: _____		Address: _____	
Postal Code: _____ Telephone: _____		Postal Code: _____ Telephone: _____	

Preferred Times Available

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Reasons for Volunteering:

Previous Volunteer Experience:

CONFIDENTIALITY AND RELEASE

Any information received during my volunteer period concerning the personal, financial or other private affairs of clients of the Middlesex-London Health Unit, or residents of Middlesex and London will be treated by me in strict confidence and will not be divulged.

I also understand that the information that I have provided in this Application to volunteer may be verified by Middlesex-London Health Unit. I hereby grant permission to Middlesex-London Health Unit to contact any persons who might be able to verify the information.

The confidential information on this form is collected under the Health Protection and Promotion Act, R.S.O. 1990, c.H.7 and will be maintained on file. This information will be used for volunteer program planning purposes. If you require further information about this collection contact Sean Bertleff, Manager at 519-663-5317 ext. 2371.

Signature: _____ Date: _____

Parental/Guardian Consent: _____ (if under 18 years of age)

OFFICE USE ONLY

- | | | | | |
|--|--|--|---|--|
| <input type="checkbox"/> Application completed | <input type="checkbox"/> Interview completed | <input type="checkbox"/> Reference checked | <input type="checkbox"/> Orientation attended | <input type="checkbox"/> Evaluation sent |
| <input type="checkbox"/> Evaluation (self) | <input type="checkbox"/> Evaluation (staff) | | | |

Interview Notes:

Date: _____

Interviewer: _____