

Volunteer Information Form

The information on this form will help us find the most satisfying and appropriate volunteer assignment for your. Your cooperation in completing it is most appreciated.

Name: _____

Do you have legal status to work in Canada? ___ Yes ___ No

Have you had any convictions that haven't been granted a pardon? ___ Yes ___ No

Some volunteer positions within our agency require provision of a current police check. Are you willing to release this information? ___ Yes ___ No

Please list special interests, skills, hobbies or volunteer activity preferences.

Please list days and times that you would be available.

Do you have any physical conditions that you wish to be taken into consideration when determining a volunteer placement?

Do you have a valid driver's license? ___ Yes ___ No

Have you had training in CPR/First Aid? ___ Yes ___ No

If yes, expiry date: _____

Would you be interested in receiving information regarding sessions on First Aid, CPR, CPI or any other educational workshops?

List Two References: (i.e. previous agency where you volunteered, employer, professional)

1. Name: _____
Address: _____
Phone: (Home): _____ Work: _____

2. Name: _____
Address: _____
Phone: (Home): _____ Work: _____

Authorization for Collection of Personal Information

I, _____, authorize Lambton County Developmental Services to collect background check information appropriate to the volunteer position applied for by contacting the references above.

I understand that the information obtained will be confidential.

Volunteer's Name

Date