



VOLUNTEER APPLICATION FORM

3945 Matchette Rd.
Windsor, Ontario N9C 4C2
T: 519.252.7281
Toll Free: 1.866.636.6666
F: 519.252.5873
www.jmccentre.ca

Please print clearly and complete in full.

Mrs. Miss Ms. Mr.

Name: _____ Date: _____

Address: _____ Telephone (home): _____

Suite/Unit: _____ Cell: _____

City: _____ Postal Code: _____

May we contact you by E-mail? Yes No E-mail Address: _____

Emergency Contact Name: _____

Emergency Contact Telephone: _____

EDUCATION / OCCUPATION:

School/College/University attended, or currently attending: _____

Program or course of study: _____

Most recent grade, year or level completed: _____

Current occupation: _____ Full Time Part Time Student

May we contact you at your workplace? Yes No Telephone: _____

PERSONAL INFORMATION:

Previous volunteer experience? Yes No

If yes, please describe: _____

If you speak a language(s) other than English fluently are you willing to be entered on John McGivney Children's Centre list of interpreters? Yes No

Please list language(s):			
Check as appropriate:	<input type="checkbox"/> Write <input type="checkbox"/> Speak	<input type="checkbox"/> Write <input type="checkbox"/> Speak	<input type="checkbox"/> Write <input type="checkbox"/> Speak

REASON(S) FOR APPLYING:

- OSSD requirements – I need to volunteer for _____ hours.
- Career motivated – I am interested in the field of _____
- Education motivated – I am studying/hoping to study _____
- Put spare time to good use
- Other (Please explain): _____
- How did you hear about our volunteer program? _____

Do you have specific certifications or special skills?

CPR First Aid CPI Other (please list): _____

PROGRAMS ASSISTED BY VOLUNTEERS (Check area(s) of Interest)

<input type="checkbox"/> Indirect Service	Administrative Support	Assisting with general office duties, mailings, Information and Resource Centre
<input type="checkbox"/> Public Community Relations	Community Liaison	Attend community awareness events on behalf of the Centre



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<input type="checkbox"/> Development	Research	Research information that becomes data used to support seasonal projects and fundraising initiatives
<input type="checkbox"/> Centre/School Programs	Working with children, assisting staff in departments	Interact with children during free play, craft time, circle, snack/lunch time. Clean and disinfect toys, materials and furniture in the classroom; organize and tidy storage room; assist with bulletin boards and craft prep, assist with fundraisers, etc. Assist with teen social/recreation evening groups.
<input type="checkbox"/> *Special Events	Golf Tournaments, seasonal projects, fundraising initiatives, etc.	Monitor, Game Operator, Stager, Registration, Reception, Handicrafter, Courier, Coordinator, Recruiter, Sales, Marketer, Committee Member
<input type="checkbox"/> Other (Please Specify)		

***Special Events – check area(s) of interest (if applicable)**

<input type="checkbox"/> Monitor - e.g. Golf Event-Hole-In-One	<input type="checkbox"/> Game Operator, e.g. run a Putting Contest
<input type="checkbox"/> Stager - set-up and tear down	<input type="checkbox"/> Registration - register participants
<input type="checkbox"/> Reception - greet, attendance, direction	<input type="checkbox"/> Handicrafter – prepare baskets, prizes
<input type="checkbox"/> Courier – pick-up, drop-off items	<input type="checkbox"/> Coordinator – manage specific tasks
<input type="checkbox"/> Recruiter – bring new individuals on board	<input type="checkbox"/> Sales – Sell product, e.g. tickets
<input type="checkbox"/> Marketer – phone calls to prospects and past supporters	<input type="checkbox"/> Committee-become a member of a special event

AVAILABILITY

Please indicate with an X	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat. <i>(Infrequent)</i>	Sun.
Mornings (9am to 12pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoons (12pm to 3pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3pm to 6pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening (after 6pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Year Round or <input type="checkbox"/> Seasonal: <input type="checkbox"/> (Summer) <input type="checkbox"/> (March Break)							

HEALTH AND IMMUNIZATION

In accordance with JMCC policy, all volunteers are required to complete the confidential Health Statement for TB/health screening purposes.

Please note that all JMCC volunteers are encouraged to have a Flu vaccine each year to prevent the spread of the Influenza to our clients, families, staff, and other volunteers.

SCREENING

Please note that in accordance with JMCC Policy, all volunteers are required to provide an up to date, satisfactory police security clearance. The cost to obtain a police security clearance is your responsibility.

All volunteers (age 18+) are required to complete a Vulnerable Sector Police Records Search. Volunteers of all ages are required to complete an Offence Declaration every year.

I understand the screening requirements. Yes No

I (**print name**) _____ authorize John McGivney Children's Centre to collect personal information appropriate to the volunteer position applied for and verify the character references I have supplied. I understand that the reference information obtained will be confidential. I verify that all the above information provided is accurate.



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Please read each statement carefully:

- I understand that I am responsible to adhere to the JMCC Oath of Confidentiality and applicable JMCC policies and procedures.
- I understand that I am responsible for keeping a record of my hours and signing in/out before and after each of my shifts.
- I understand that while volunteering I need to wear an ID badge which is to be returned at the end of every shift.
- I understand that I am not to transport staff or clients in my vehicle.
- I understand that if I am required to be transported by a staff to a special event or while on duty I do so at my own risk and with my approval.
- I understand the use of cell phones, smoking or inappropriate behavior during volunteering is prohibited.
- I understand that volunteers may be discharged for unacceptable behavior(s) including disclosing confidential information, theft, property damage or volunteering under the influence of drugs, alcohol or any other controlled substances.
- I understand that John McGivney Children's Centre screens all candidates and not all applicants can be accepted.
- I understand that reliability, maturity and good communication skills are required to proceed with the application process.
- I verify that all of the information included in this document is accurate.
- I understand if my application is successful, I will be required to complete the following:
 - Oath of Confidentiality JMCC6500
 - Consent for Collection, Reproduction and Disclosure of Personal Information JMCC6020

Signature: _____

Date: _____

VOLUNTEERS UNDER AGE 18

Volunteer positions at JMCC require that a signed Parent/Guardian Consent statement for candidates under the age of 18 be provided.

Does this apply to you? Yes No

If **yes**, please ask your parent/guardian to complete the PARENT/GUARDIAN CONSENT below:

This is to acknowledge that **(full name of applicant)**; _____
is offering service to JMCC on a voluntary basis with my full knowledge and consent.

In case of emergency or accident, please contact: _____

Phone: _____

If unable to contact the above emergency contact person, JMCC has my permission to initiate appropriate emergency medical procedures.

Name (printed) of parent or guardian: _____

Signature of parent or guardian: _____



VOLUNTEER REFERENCE FORM

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John McGivney Children's Centre would appreciate your assistance in providing us with a written reference for the volunteer applicant named below. Referees can mail, email, drop off or fax forms directly to John McGivney Children's Centre Human Resource Department

Please note: Family members or peers are not appropriate references.

Name of Volunteer:					
Name of Reference:					
Telephone:			Email:		
1. How long have you known the applicant and in what capacity?					
2. What do you consider to be the applicant's strengths?					
3. Please describe areas in which you feel the applicant can improve?					
4. Does this applicant readily ask for assistance, direction or clarification if needed? Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>					
5. This applicant is seeking to volunteer in a children's treatment centre serving vulnerable children and youth with disabilities. Would you recommend this individual to volunteer in such a setting? Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>					
If Unsure, please explain why:					
6. Please evaluate this applicant in the following areas (5 = excellent and 1 = poor):					
	5	4	3	2	1
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Comments:					

Signature: _____

Date: _____

