



Society of Sharing: Inner-City Volunteers

c/o Monsignor Fraser Isabella North Campus
25 Linden Street, Toronto ON M4Y 1V5

Tel: 416 413-0380 Fax: 416 413-4814
www.societyofsharing.org

VOLUNTEER APPLICATION

First Name	Middle Name(s)	Surname
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Apt #	Street #	Street Name
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City	Province	Postal Code
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Home Phone #	Cell Phone #	Work Phone #
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E-mail

Are you 18 years of age? Yes No

EMERGENCY CONTACT

Name	Phone #
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ADDITIONAL INFORMATION

Language(s) Spoken:

Education/Training:

Education/Training Information	Date Completed
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Education/Training Information	Date Completed
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Employment Experience:

Organization	Position	Date/Period
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Organization	Position	Date/Period
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Volunteer Experience

Organization	Position	Date/Period
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Organization	Position	Date/Period
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Interest, Hobbies, and Activities:

Do you have any special talents that you would be willing to share with either volunteers and/or the agency?

What position/s would you like to apply for?

- Friendly Visiting Medical/Shopping Escort Socialization
- Caregiver Relief Telephone Reassurance Christmas Gift Bag Program
- Fundraising Special Events Office Support Board of Directors

Why do you want to volunteer?

How did you find out about our volunteer program/position(s)?

- Volunteer Toronto Website Charity Village Website Indeed Website
- George Brown College Website York University Website University of Toronto Website
- Other (please list): _____

What day/time of the week are you available to volunteer?

- Mon _____ Tues _____ Wed _____
- Thurs _____ Fri _____ Sat _____ Sun _____

REFERENCES

Please provide the contact information for two people who are not family members and have known you for at least 2 years (i.e. business associates, friends, neighbours). ****We prefer to have one reference who knows you in a supervisory capacity (i.e. a workplace manager, a volunteer supervisor, a religious/spiritual leader, a professor etc.).***

Reference #1:

Mr./Mrs./Miss	First Name	Last Name
Phone #	Email	
Relationship		

Reference #2:

Mr./Mrs./Miss	First Name	Last Name
Phone #	Email	
Relationship		

I consent to a vulnerable sector police reference check: _____ *(Applicant's initials)*

CONFIDENTIALITY & VOLUNTEER AGREEMENT

1. I, the undersigned, do willingly promise to hold in confidence all matters that come to my attention in the line of duty at Society of Sharing: Inner-City Volunteers, including material from and about persons being visited and other matters regarding the agency, staff, clients and volunteers.
2. I will respect the privacy of the people whom I serve and confer appropriately with those designated as my supervisor and/or administrator.
3. I realize the necessity to increase my knowledge of information about the issues of seniors and the disabled, and agree to participate in the Society's Training and Development Meetings.
4. The Society reserves final decision on the suitability of the applicant at the agency's discretion; an approved volunteer may be withdrawn from the case.
5. I agree that the Society may take and or/use my photograph, taken at our group volunteer meetings, or special events, for use in the newsletter or other publicity to assist in its work.
6. I acknowledge, as a volunteer, there is no remuneration for my time and services.

Date: _____

Name of Volunteer: _____

Signature of Volunteer: _____

Signature of Witness: _____

Note: Please leave the 'Signature of Witness' field blank. It will be signed by staff of the Society of Sharing.