

The Children's Aid Society of Hamilton



VOLUNTEER APPLICATION

PO Box 1170, Depot 1, Hamilton, ON L8N 4B9; 905-522-1121; www.hamiltoncas.com

PERSONAL DATA

Last Name

Given Name(s)

Other Name(s) Used

Address

Street

Apt. No.

Home Telephone Number

City

Province

Postal Code

Business Telephone Number

E-mail: _____

May we contact you at work or school? Yes No

How did you hear about volunteer opportunities with our agency? _____

Why do you want to volunteer? _____

What experience have you had with children? (eg. as a parent, teacher, sitter) _____

List your special interests, skills, hobbies. _____

Do you have any other skills acquired on the job or through voluntary activities?
(Organizations that may reveal your race, colour, religion, creed, sex, place of origin need not be listed)

Have you ever been convicted of an offense for which a pardon has not been granted? If so, please advise of dates and offense under the Criminal Code or any other federal legislation.

VEHICLE INFORMATION

Do you have use of a car? Yes No

Do you have at least \$1,000,000 liability insurance on your car? Yes No

VOLUNTEER HISTORY

POSITION	PLACE	# OF YEARS IN POSITION

EDUCATION

PROGRAM	PLACE	LENGTH OF COURSE

REFERENCES (List as references the names of 3 people who have known you for two years or more. (One may be a relative). Please specify your relationship with each.

Name	Address	Phone Number	Relationship
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APPLICANT'S DECLARATION

I understand, that if approved as a volunteer there will be an expectation that:

1. I will abide by the rules of the agency.
2. Any misrepresentation on this application or in the volunteer interview will be treated as cause for termination of my volunteer role..
3. I will supply a police clearance from the Hamilton Police Services.

Date

Signature