



S.E.N.A.C.A. Seniors Day Program Halton Inc.

VOLUNTEER APPLICATION

PERSONAL DATA:

Name: _____
(First Name) (Last Name)

Address: _____ City: _____ Postal Code: _____

Telephone: (home) _____ (business): _____

Email address: _____

Are you 18 years or older? Yes No

To determine your qualification for volunteering please provide below information related to your academic and other achievements including volunteer work, as well as employment history. Additional information may be attached on a separate sheet.

REASONS FOR VOLUNTEERING:

EDUCATION:

Secondary School: _____ Highest grade or level completed: _____

Business or Trade School: _____ Last Year Completed: _____

License, certificate or diploma awarded? Yes _____ No _____ Type: _____

Post secondary: _____ Last Year Completed: _____

Program: _____

Other: _____

Diploma/ Degree awarded: Yes () No () Honours ()



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Other courses, workshops, seminars, Licences, Certificates, Degrees:

WORK RELATED SKILLS:

Describe any of your work related skills, experience, or training that relate to the volunteer position being applied for. _____

EMPLOYMENT:

Name of present/last employer: _____ Job title: _____

Period of employment: From _____ To _____

Functions/ Responsibilities:

Name of previous employer: _____ Job title: _____

Period of employment: From _____ To _____

Functions/ Responsibilities:

Name of previous employer: _____ Job title: _____

Period of employment: From: _____ To: _____

Functions/ Responsibilities:



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REFERENCES:

For volunteering may we approach your references Yes ____ No ____

If yes, provide Name, Address, and Telephone Numbers of 3 adults who know you well. (Do not include relatives.)

(1) _____

(2) _____

(3) _____

Have you attached an additional sheet? () Yes () No

I hereby declare that the foregoing information is true and complete to my knowledge. I understand that a false statement may disqualify me from volunteering, or cause my dismissal.

Signature

Date

For Office use only:

Application Completed ____ *References Checked* ____ *Police Check Application Received* ____

Police Check Received ____ *Confidentiality Form Completed* ____ *Orientation Completed* ____



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EMERGENCY CONTACTS

PERSON TO NOTIFY IN EMERGENCY

Name: _____

Address: _____

City: _____

Postal Code: _____

Telephone: (Home) _____

(Other) _____

PERSON TO NOTIFY IN EMERGENCY (Alternate)

Name: _____

Address: _____

City: _____

Postal Code: _____

Telephone: (Home) _____

(Other) _____



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DEMOGRAPHICS

(For statistical and health equity purposes)

Disclaimer: Do NOT fill this in if you are under the age of 18.

Diversity is very important to us. In an effort to make our team as inclusive as possible it would be helpful if you could provide the following information. Completion of the rest of the application is voluntary.

Date of Birth: ____/____/____
Year Month Day

Place of Birth: _____

Cultural Background: _____

Gender: Male Female Other

Religious/Spiritual Orientation if any: _____

Do you self-identify as Aboriginal? If so, are you: First Nations Inuit Metis

Mother Tongue: English French Other: _____

If Mother Tongue is neither English nor French, in which of Canada's two official languages are you most comfortable: English French

Other languages spoken: _____

This information will remain confidential and anonymous and will be stored separately from your application.