

**LAKESHORE COMMUNITY SERVICES
VOLUNTEER APPLICATION FORM**

GENERAL INFORMATION:

Name: _____

Address: _____

Postal Code _____ Telephone Number: _____

PROGRAMS AVAILABLE:

Meals on Wheels: _____ Friendly Visiting: _____

 Kitchen _____

 Driving _____

Security Reassurance: _____

Food Bank _____

CAP (Computer Access Program): _____

General Office: _____ (identify what area)

Board of Directors: _____

Why are you interested in volunteering? _____

What do you hope to gain from your volunteer experience here?

Where did you hear about Lakeshore Community Services volunteering program? _____

AVAILABILITY

Weekdays: _____ **specify day**

Weekends: _____ **specify day**

Times available: _____

Time commitment: Number of days per month _____

STUDENT INFORMATION

Full Time: _____ **Part Time:** _____ **School:** _____

How many hours do you need to complete? _____ **Time Frame:** _____

SKILLS, EXPERIENCE, INTERESTS

Present/previous employment, community or volunteer involvement:

Other Skills, experience and special interest:

EDUCATION

Please give a brief outline of your educational background

If referred by another volunteer/agency/etc., please indicate

NAME ADDRESS TELEPHONE

- 1. _____
- 2. _____
- 3. _____

Misdemeanour or felony convictions No__ Yes__ (Year, charges_____)

DECLARATION

I hereby declare that the above information is true and complete to the best of my knowledge. I understand that a false statement may disqualify me from further consideration as a volunteer or result in dismissal.

Signature:_____ Date:_____

Authorization for collection of personal information

I, _____, authorize Lakeshore Community Services to collect personal information appropriate to the position applied for concerning my academic background and employment/volunteering history, and to verify the character references I have supplied.

I understand that the information obtained will be confidential.

Signature:_____ Date:_____