



VOLUNTEER APPLICATION FORM

First Name:		Last Name:	
Gender:		Preferred pronouns:	
Address:		Date of Birth (DD/MM/YYYY): <i>Optional*</i>	
City:	Province:	Postal Code:	
Home Phone:	Cell Phone:	Work Phone:	
E-mail Address:			
Preferred contact method:			

Emergency Contact Information	
Last Name:	First Name:
Relationship to Volunteer:	
Primary Phone:	Alt Phone:

What languages do you speak?	
<input type="checkbox"/> English	<input type="checkbox"/> basic <input type="checkbox"/> fluent / <input type="checkbox"/> spoken <input type="checkbox"/> written
<input type="checkbox"/> French	<input type="checkbox"/> basic <input type="checkbox"/> fluent / <input type="checkbox"/> spoken <input type="checkbox"/> written
<input type="checkbox"/> Other:	

What volunteer role(s)/cate are you interested in/applying for?			
<input type="checkbox"/> Advisory (senior, youth, barrier free)	<input type="checkbox"/> Program (preparation, assistance, facilitation)	<input type="checkbox"/> Event (preparation or assistance)	<input type="checkbox"/> Resource (research, admin, communications, outreach)

Are you applying to a specific volunteer opportunity, or submitting a general application?	
<input type="checkbox"/> General Application (Please consider me for any role(s) I've noted above)	<input type="checkbox"/> Specific Opportunity (please note below): _____

* This information will be used for statistical purposes only.

Work Experience	
Current: <input type="checkbox"/> Previous: <input type="checkbox"/> Not Applicable: <input type="checkbox"/>	Length of Employment:
Company:	Title:
Summary of Duties:	
Volunteer Experience	
Current: <input type="checkbox"/> Previous: <input type="checkbox"/> Not Applicable: <input type="checkbox"/>	Length of Volunteering:
Company:	Title:
Summary of Duties:	
School/Education	
Current: <input type="checkbox"/> Previous: <input type="checkbox"/> Not Applicable: <input type="checkbox"/>	Graduation Year:
School:	Program/Grade:

Additional Notable Experience(s) (work, volunteer, or education)

What population are you interested in working with?		
<input type="checkbox"/> Barrier Free (people w/ physical disabilities)	<input type="checkbox"/> Youth (age 13-29)	<input type="checkbox"/> Seniors (age 55+)

How did you hear about the Volunteer Hub at Vibrant Healthcare Alliance? (check all that apply)							
<input type="checkbox"/>	Vibrant Healthcare Alliance staff	<input type="checkbox"/>	Vibrant Healthcare Alliance Website	<input type="checkbox"/>	Friend/Relative	<input type="checkbox"/>	Public Event
<input type="checkbox"/>	Poster/Flyer	<input type="checkbox"/>	School	<input type="checkbox"/>	Other Volunteers	<input type="checkbox"/>	Social Media (Facebook/Twitter)
<input type="checkbox"/>	Volunteer Toronto			<input type="checkbox"/>	Other (Please Specify):		

What is your availability?						
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

By signing this form I **certify that** the information in this form is correct and complete.

By signing this form I **give my permission** to Vibrant Healthcare Alliance to obtain, if required, a criminal record check.

By signing this form I **acknowledge and accept** that this application does not guarantee acceptance as a volunteer into any program, and that Vibrant Healthcare Alliance is under no obligation to accept or assign me as a volunteer in their program, and is not obligated to provide a reason.

I would like to receive the **Volunteer Hub Newsletter** which highlights new volunteer opportunities, volunteer updates, etc.

Applicant's Signature

Date of Signature (DD/MM/YYYY)

Thank you for completing this form. Please allow up to 4 weeks of processing time for your application, in which you will then be contacted with more information.

Submit this form via:	
<p>Email: Juliane Kennedy Volunteer Coordinator volunteer@vibranthealthcare.ca</p>	<p>Mail or In-Person at Reception: Vibrant Healthcare Alliance 2398 Yonge Street Toronto, ON M4P 2H4</p>

The Personal information on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act and shall not be used or disclosed for purposes other than determining eligibility and suitability of volunteering at Vibrant Healthcare Alliance. Questions related to the collection of this personal information should be directed to the Privacy Officer, Vibrant Healthcare Alliance, 2398 Yonge Street, Toronto, ON, M4P 2H4, Telephone: 416-486-8666.