

Volunteer Enrolment Form

Name: _____ Phone: (H) _____ (W) _____

Address: _____

City: _____ Postal Code: _____

Contact in Emergency: _____ Phone: _____

May we contact you at work? Yes No

I. Skills and interests

Special Skills: _____

Current Occupation: _____

Hobbies & Interests: _____

Resume Attached: Yes No

Is there a particular type of volunteer work in which you are interested? (Check all that apply)

- Working one-on-one with a single person
- Assisting in computer lab maintenance and usage
- Working directly with a staff person as an assistant
- Providing a service to several people
- Helping in general administrative duties
- Doing public speaking, fundraising, etc.
- Doing research, facilitation, or an individual project
- Assisting in community events as a representative of CLCB

Volunteer Program

Phone: 705-653-1821 Ext: 241

Fax: 705-653-5738

Email: admin@communitylivingcampbellford.com

65 Bridge St. E., PO Box 1360

Campbellford, Ontario

K0L 1L0

- Camp Counsellor Assistant
- Providing CCRC support
- Providing tutoring in literacy, numeracy and computer basics
- Proofreading
- No preference / Other: _____

Is there a person or group with whom you are particularly interested in working? (check all that apply)

- Adults
- Seniors
- Teens
- Children
- Agency Staff
- No Preference
- Other: _____

Are there any groups with which you would not feel comfortable?

- No
- Yes Please Specify: _____

II. AVAILABILITY

At what times are you interested in volunteering?

- Am flexible
- Weekdays
- Evening
- Weekends
- Other _____
- There are times I cannot volunteer: _____

Do you have a geographic preference as to where you do volunteer work?

- No
- Yes Where: _____

Do you have access to an automobile you can use for volunteer work?

- No
- Yes
- Occasionally

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Do you have any medical conditions of which we should be aware of? (eg. allergies, back problems, etc.)

No Yes Please specify: _____

How did you hear about us?

Advertisement Person from agency Job description
 Referred by friend/volunteer Secondary School Other: _____

III. REFERENCES

List name and phone number of two personal references:

Name _____ Phone _____
Name _____ Phone _____

(A Criminal Reference Check will be requested for every volunteer)

IV. CONSENT FOR RELEASE OF INFORMATION

I _____ understand and agree that Community Living Campbellford/Brighton may verify the above references. In addition I understand that all information will remain confidential and will only be accessed by staff/affiliates of Community Living Campbellford/Brighton.

Signature: _____ Date: _____

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