

**TAIBU Community Health Centre**  
**Volunteer Application Form**  
Information collected is protected by Privacy Legislation and used only  
to meet reporting requirements for Program funding.

**General Information (Please print )**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Nearest Major Intersection: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

**Please answer the following Question:**

**First Language:** \_\_\_\_\_ **Second language:** \_\_\_\_\_

**Employment Experience: Organization** \_\_\_\_\_

**Period** \_\_\_\_\_

**Position** \_\_\_\_\_

**Volunteer Experience: Organization** \_\_\_\_\_

**Period** \_\_\_\_\_

**Nature of Work** \_\_\_\_\_

**Specific Skills:** \_\_\_\_\_

\_\_\_\_\_

**Interests:** \_\_\_\_\_

\_\_\_\_\_

**Please check the boxes to indicate the areas you wish to volunteer for:**

**Community Programs**

- Seniors Programs
- Youth Programs
- Children (6-12 years) Program
- Children (0-6 years) Program
- Community Outreach
- Community Events

**Office Work**

- Office Assistant
- Reception
- Computer/Clerical Work
- Resources Centre
- Program Registration

**Please fill in this part after interview:**

**Time Availability**

Days of week available:  Monday     Tuesday     Wednesday     Thursday  
 Friday     Saturday

Hours of day available:     Morning     Afternoon     Evening

**In Case of Emergency please contact:**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**References:** List 3 persons, who are not family members and who have known you for 2 years.

Name	Relationship	Telephone No. & Email

**I understand that any falsification of the information in this application could result in the cancellation of my volunteer placement \_\_\_\_\_**

**Signature**

**Date**

**For office use only:**

Date Interviewed: \_\_\_\_\_

By: \_\_\_\_\_

Date Started Volunteering: \_\_\_\_\_

Date Finished: \_\_\_\_\_