



VOLUNTEER APPLICATION FORM
PERSONAL INFORMATION (CONFIDENTIAL)

(Please Print) Date: _____

First Name: _____ Middle Name: _____

Last Name: _____ Maiden Name: _____

Current Address: _____

City: _____ Postal Code: _____ From: ___/___/___ To: ___/___/___
Year Month Day Year Month Day

Telephone #: _____ Cell Phone: _____

Email: _____ Date of Birth ___/___/___
Year Month Day

Business Phone: _____ Can we contact you at work? [] yes [] no

Emergency Contact: _____ Phone: _____
Name relationship

Previous Address (if less than 5 years): _____

City: _____ Postal Code: _____ From: ___/___/___ To: ___/___/___
Year Month Day Year Month Day

Is your volunteer work towards community/student hours? ___No ___Yes - #of hours _____

INTERESTS and SKILLS

What particular type of volunteer work you are interested in at the Haven. (please X all that apply):

- FOOD BANK: [] Tuesdays 9am - 11:30am, [] Wednesdays - day time
CLOTHING BOUTIQUE: [] Fridays
HOPE WITH WHEELS: [] Tuesday/Thursday evenings
FIRST CARE: []
SENIORS for SENIORS: [] Visiting isolated seniors
STEPPING OUT: [] Mentorship
LAKESIDE DINNER: []
SPECIAL EVENTS -fundraising: [] days, [] evenings, [] weekends
INMATE VISITS: [] Program Full at this time

Do you have any special skills or talents that would be beneficial to us at the Haven? Please Explain:

Hobbies & Interests: _____

Education Background/Certificates (ex.CPR) _____

Languages Spoken/Read/Written: _____

How did you hear about The Haven? _____

Have you ever received service from The Haven? No Yes- from which program? _____

Driver's License: Yes No Do you have access to a vehicle? Yes No

Please explain why you wish to volunteer with The Haven. What do you hope to gain from your volunteer experience?

EXPERIENCE / REFERENCES

Current Occupation

<i>Employer</i>	<i>Position</i>	<i>Dates (From/To)</i>
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Volunteer Experience

<i>Agency</i>	<i>Responsibilities</i>	<i>Dates (From/To)</i>
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References

<i>Name</i>	<i>Telephone or email</i>	<i>Relationship & years acquainted</i>
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<i>Name</i>	<i>Telephone or email</i>	<i>Relationship & years acquainted</i>
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I am over the age of 18 and agree to a Volunteer Criminal Back Check conducted through the local Police Services.

Please deliver, email or mail to: Aretha Khaloo, Haven on the Queensway, 1533 The Queensway, Toronto, ON M8Z 1T8 aretha@havenontheq.com

Thank you for considering to volunteer at the Haven.
Please note: You will be contacted when a position is available.



VOLUNTEER AGREEMENT/LIABILITY WAIVER

HAVEN ON THE QUEENSWAY

The Haven acknowledges the valuable contributions of volunteers to its programs. In fulfilling our mission to respond to the needs of vulnerable people in our community, it is necessary that the Haven follow specific screening procedures to ensure the safety and protection of our clients, volunteers and staff. Therefore, volunteers are asked to read and sign the following statement as part of the volunteer process.

In applying for volunteer work at the Haven, I understand that false, incomplete or misleading information on the application shall be considered sufficient cause for not recruiting me as a volunteer or for dismissal if so required. After a successful interview, **I agree to a Volunteer Criminal Back Check conducted through the local Police Services. I authorize the Haven to contact the references that I have indicated on the application.** I acknowledge that I meet the minimum age requirement of 16 years and understand that some programs within the Haven may require an older age to volunteer at that particular program.

I understand that the information disclosed about me may, but does not necessarily, disqualify me from becoming a volunteer with the Haven. Following the completion of the screening process, the Haven reserves the right to decide on the suitability of an applicant for a volunteer position within the Haven. I understand that a minimum six month commitment is required to be accepted as a volunteer.

Applications will be kept confidential. Access to these files will only be allowed by the Director and immediate coordinators. Some information gathered will be used internally within our confidential Volunteer Information Data System. At times, we may publish your name, photo and role in our publications, and may send you information about our activities. If you do not wish your name to be published, please contact 416-640-2005.

I understand that my participation as a volunteer in any program/outreach of the Haven on the Queensway could involve activities that might be of a hazardous nature. I assume full responsibility for any risks or loss, property damage, or personal injury including death, that may be sustained by me, as a result of my participation as a volunteer of the Haven on the Queensway. Therefore, I will take reasonable precaution to protect my personal property and ensure that valuables are not brought into the program facilities. I acknowledge that the Haven will never require a volunteer to drive a client. The Haven will, if necessary, pay for a taxi or bus fare. By signing below I release the Haven on the Queensway from all liability, costs, damages, or personal injury which might arise from my participation as a volunteer of the Haven on the Queensway.

Liability Waiver for the Haven on the Queensway

The undersigned acknowledges that all activities and programs performed at/with the Haven on the Queensway and its affiliates, (hereafter referred to as "the Haven") shall be at his or her own risk and hereby releases and discharges the Haven, its owner(s), officers, directors, agents, franchisees or employees from any liability, claims, demands, injury, damage, action or cause of action whatsoever, which may result from the use of the services or facilities of the Haven on the premises where the same or any and all acts of the Haven, its officers, directors, agents, franchisees, franchisors or employees may be rendered or carried out pursuant to this Agreement.

I have carefully read and understood the above Agreement and Liability Waiver. I agree to be bound by them.

Signature: _____ Print Name: _____

Date Signed: _____

A parent/guardian must sign this form on behalf of any applicant who is under 18 years of age indicating authorization of their child volunteering.

Parent/Guardian Signature: _____ Date: _____