

Please Complete & Return to:  
 John McGivney Children's Centre  
 Attention: Volunteer Services  
 3945 Matchette Road  
 Windsor, ON N9C 4C2  
 Or by email to: volunteer@jmccentre.ca



## APPLICATION FOR VOLUNTEER SERVICE

PLEASE PRINT CLEARLY AND COMPLETE IN FULL

Mrs.  Miss.  Ms.  Mr.

Name:	Date:
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Address:	Home Phone:
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Suite/Unit:	Cell: (    )
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City:	Postal Code:
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May we contact you by email? Yes <input type="checkbox"/> No <input type="checkbox"/>	E-mail Address:
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Occupation:	Employer(optional):
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May we contact you at your workplace? Yes <input type="checkbox"/> No <input type="checkbox"/>	Work Telephone: (    )
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Emergency contact name and relationship:

Emergency contact telephone:

Previous experience with children/youth with special needs?  Yes  No If yes, please describe:

Previous volunteer experience? Yes  No   
 please describe:

Languages Spoken:	Languages Read:
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Are you in school? Yes  No   
 If yes, what school are you attending and what course?

Past Education Received:

**PROGRAMS ASSISTED BY VOLUNTEERS (CHECK AREA(s) OF INTEREST)**

<input type="checkbox"/> Indirect Service	Administrative support, clerical, assisting with general office duties, data entry, mailings, equipment upkeep
<input type="checkbox"/> Direct Service	Programs directly involved with client care i.e. assisting Physiotherapy, Occupational Therapy, Speech and Language
<input type="checkbox"/> Summer Camp	Activities directly related to summer camp (July & part of August)
<input type="checkbox"/> Therapeutic Recreation Programs	Activities directly related to therapeutic recreation, ie. groups (day and evening), March Break camp

**AVAILABILITY**

Please indicate with X

Mon.      Tues.      Wed.      Thurs.      Fri.      Sat.      Sun.

Mornings	(8am to 12pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoons	(12pm to 4pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	(4pm and after)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Circle One:** Year Round / School Semester / March Break / Summer

Available on a casual schedule no specific day (we will contact as need arises)

**Many of our volunteer opportunities are based on client/program needs & may vary throughout the year**

**SCREENING**

As part of our screening process all volunteers (age 18+) are required to submit a valid Police Clearance including a Vulnerable Sector Check.

**REFERENCES**

Please Provide Three References Below (not including relatives and must have known you for over 2 years)

1.Name: \_\_\_\_\_ 2. Name: \_\_\_\_\_ 3. Name: \_\_\_\_\_

Address/Phone: \_\_\_\_\_  
\_\_\_\_\_

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

Email: \_\_\_\_\_ Email: \_\_\_\_\_ Email: \_\_\_\_\_

I (**print name**) \_\_\_\_\_, authorize John McGivney Children's Center to collect personal information appropriate to the volunteer position applied for and verify the character references I have supplied. I understand that the reference information obtained will be confidential. I verify that all the above information provided is accurate.

Volunteer Signature:

Date:

**VOLUNTEERS UNDER AGE 18**

John McGivney Children's Centre requires that a signed Parent/Guardian Consent statement for candidates under the age of 18 be provided. Does this apply to you?

Yes  No

*If yes, please ask your parent/guardian to complete the PARENT/GUARDIAN CONSENT*

This is to acknowledge that (**full name of applicant**) \_\_\_\_\_ is offering service to John McGivney Children's Centre on a voluntary basis with my full knowledge and consent.

In case of emergency or accident, please contact \_\_\_\_\_ Phone ( ) \_\_\_\_\_.  
If unable to contact the above emergency contact person, John McGivney Children's Centre has my permission to initiate appropriate emergency medical procedures.

Name (printed) of parent or guardian:

Signature of parent or guardian:

Date: