

Volunteer Application

10 Delaware Avenue, Hamilton Ontario L8M 1T3
Tel: 905 528 6565 ext. 3333
Email: volunteer@gsch.ca
Web: www.goodshepherdcentres.ca



Please Print:

1. Name: _____ Date: _____

Address: _____ Apt _____ City _____ Postal Code _____

Home address (not school or work)

Phone #: Home: _____ Cell: _____ Work: _____

Email: _____

2. Emergency Contact Name: _____ Relationship: _____

Phone Number: _____

3. What is your reason for wanting to volunteer?

- | | | |
|---|---|--|
| <input type="checkbox"/> Spare time | <input type="checkbox"/> Explore career opportunities | <input type="checkbox"/> Personal satisfaction |
| <input type="checkbox"/> Work related | <input type="checkbox"/> Develop skills | <input type="checkbox"/> Desire to help others |
| <input type="checkbox"/> School requirement | <input type="checkbox"/> Community involvement | <input type="checkbox"/> Other _____ |

4. Why have you chosen to volunteer at Good Shepherd?

5. How did you learn about volunteering at Good Shepherd? Check all that apply.

- | | | | | |
|---------------------------------------|--|--|--|---------------------------------|
| <input type="checkbox"/> Social media | <input type="checkbox"/> Volunteer Centre | <input type="checkbox"/> Poster | <input type="checkbox"/> Friend | <input type="checkbox"/> Church |
| <input type="checkbox"/> Website | <input type="checkbox"/> Newsletter/ mailing | <input type="checkbox"/> Special event | <input type="checkbox"/> Another volunteer | |
| <input type="checkbox"/> Other _____ | | | | |

6. What is the highest level of education you completed (optional): _____

Name of School: _____

7. Have you ever used the services or programs of Good Shepherd? Yes No

If so, where? _____ When? _____

8. Have you ever been employed by Good Shepherd. Yes No Program _____ Year _____

9. Are you currently employed? Yes No Student

If employed – Employer: _____ PT FT

Primary duties: _____

10. Are you currently volunteering? Yes No Where? _____
How long? _____ Duties: _____

11. Past volunteer experience:

Year started	Length of service	Organization	Position

12. Languages spoken fluently other than English: _____

13. Hobbies or skills: _____

14. Please list the Centre(s) or position(s) you are interested in (i.e. Women's Services, Family Centre or Child Minding, Cooking, etc.) _____

15. What time commitment are you looking for? 8-12 months, 1 year plus, other _____

16. Are you 13 - 17 years of age? Yes No
Are you 18 years of age? Yes No
Are you 19 years of age and over? Yes No

17. When is your available Volunteer time?
Daytime Yes No
Evenings (after 5 p.m.) Yes No
Weekends (days, evenings) Yes No

18. Personal References
Please provide and attach two reference letters or Good Shepherd reference forms.
(Please do not use relatives as references)

19. Vaccination Status
In order to strengthen and promote health protection to patients/clients/staff and members of the public attending in our facilities, offers of volunteer status will be conditional on furnishing proof of Covid-19 vaccination (all recommended doses) from the Ontario Ministry of Health website or other authorized source and volunteering shall not take effect until after such proof is furnished to the Volunteer Department. In the event that a prospective volunteer is unable to be vaccinated as a result of a ground protected under the *Human Rights Code*, applicants may submit a written explanation of the ground and any supporting documentation to determine if they are exempt from this requirement.

Are you able to comply to the above requirement, with the noted exceptions? Yes No

Declaration of Accuracy of Information and release of Information authorization

TO WHOM IT MAY CONCERN:

I hereby, certify that the facts set forth in the above Volunteer Application are true and complete to the best of my knowledge. I understand that if placed, falsified statements on this Application Form may disqualify me from my volunteer involvement or become just cause for my dismissal and there shall not be any claims made against Good Shepherd or any further legal obligation placed on Good Shepherd as a result of having taken such action. This further authorizes Good Shepherd to make any inquiries usually required to determine my suitability for volunteer placement as well as to contact any references and/or others to release to Good Shepherd any information which will assist Good Shepherd to determine my suitability for volunteer placement. I acknowledge and accept that this application does not guarantee acceptance into the program, and that Good Shepherd is under no obligation to accept or assign me as a volunteer in their program, and is not obliged to provide a reason.

Date: _____ Signature of applicant: _____

Signature of parent/guardian (if under 16) _____

Good Shepherd

Volunteer Permission and Release Form

I hereby authorize Good Shepherd to contact any or all of the references submitted for the purposes of processing my application to become a volunteer at one of the Good Shepherd Centres. I understand that these references will be contacted in confidence. I hereby waive the right to request disclosure of the personal references given about me. Good Shepherd reserves the right to request more references.

I further authorize the Police Department to release information to Good Shepherd in order to consider my application to volunteer in the programs of Good Shepherd, on the understanding that such information will be held in strict confidence.

I acknowledge and accept that this application does not guarantee acceptance into the program, and that Good Shepherd is under no obligation to accept or assign me as a volunteer in their program, and is not obliged to provide a reason.

I hereby release and forever discharge Good Shepherd, and their employees, directors and volunteers from any cause of action or claim for damages, whether bodily injury, death, property damage, or emotional trauma, anxiety or distress arising from my association with Good Shepherd.

I give permission to the Good Shepherd Volunteer Department to release pertinent information regarding my file to the Director or Program Coordinator/Supervisor of the program to which I am applying to in order to be considered for acceptance into the program.

I understand this application and subsequent information in my file is the property of Good Shepherd.

I understand the implications of this waiver and consent to them. I further agree that this waiver is made of my own free will and without duress.

Printed Name

Signature of Applicant

Date _____