

Volunteer Information Form

Thank-you for your interest in being part of the Volunteer Team for A Place Called Home

If you have any questions, you can contact us via **phone** (705-328-0905 Ext 221) or **email** (info@apch.ca)

Please complete the following Information & Questionnaire Sheet. **Please Print Clearly.**

Personal Contact Information

First & Last Name _____ Date MM/DD/YYYY

Address _____

Town/City _____ Postal code _____

Phone (____) _____ Alt. Phone (____) _____

Cell Phone (____) _____ Email _____

Do you need hours for Secondary School Required Community Service Hours?

Yes No

Please Check all of the following that apply:

- Student Retired Available Day Time Available Evenings Available Weekends
 Able to do heavy lifting Available for Driving I have a Truck I have clerical skills
 I have Food Handling Certificate Can Cook for Large Numbers Fundraising Experience

Computer Experience: Intermediate Highly Skilled Experience with Phone Systems



compassion



moving people
forward



shelter



reversing the
stigma

Please Check Skill Level for Each:

Carpentry Basic Intermediate Highly Skilled

Plumbing Basic Intermediate Highly Skilled

Electrical Basic Intermediate Highly Skilled

Maintenance Basic Intermediate Highly Skilled

Are you Comfortable asking for Donations or calling for volunteer help for events?

Yes No

Do you have experience at Fundraising Events?

Tag Days Ticket Sales Planning or Event Coordination

Please check all that apply:

Please note, these will only be needed if required for your volunteer position

Have or are able to obtain Police Record Check

Have Updated Resume

Have Current CPR/First Aid

Are you comfortable with A Place Called Home using your name in print (as a volunteer) in any of our Public Literature? Yes No

Please outline other skills, certificates or relevant volunteer/employment experience you have...

Please relate your previous volunteer experience – When? How long? Type of volunteer work?

Describe where you gained experience and include number of years/months of this experience.

If you have any specialized skills please write them here. **Please use Point Form.**

References: (Personal, Employment &/or Volunteer)

1.

2.

3.

Do you have any Health Problems, Restrictions, Concerns that would limit some of your volunteer activities? Please Describe.

If you have any additional Information about Skills, Interests, and availability etc. please outline them below:

Thank-you for completing our volunteer form.

Please **email** (info@apch.ca) us the completed form, or drop it off at our office. We will be in touch soon.

[64 Lindsay Street S., Lindsay, ON K9V 2M2](#)