



# Central Hastings Support Network Inc.

108 Russell St. N, Gp. Box 307, Madoc, ON K0K 2K0

613-473-5255 / 613-473-2374 Fax

## VOLUNTEER APPLICATION FORM

Ms/Miss/Mrs./Mr.: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ PHONE: \_\_\_\_\_

Health Restrictions: \_\_\_\_\_

WORK/VOLUNTEER EXPERIENCE: \_\_\_\_\_

REFERENCES: \_\_\_\_\_

| Name | Position/Title | Phone |
|------|----------------|-------|
|      |                |       |
|      |                |       |

Which days are you available:

Monday a.m. \_\_\_\_\_ afternoon \_\_\_\_\_ early evening \_\_\_\_\_

Tuesday a.m. \_\_\_\_\_ afternoon \_\_\_\_\_ early evening \_\_\_\_\_

Wed a.m. \_\_\_\_\_ afternoon \_\_\_\_\_ early evening \_\_\_\_\_

Thur. a.m. \_\_\_\_\_ afternoon \_\_\_\_\_ early evening \_\_\_\_\_

Friday a.m. \_\_\_\_\_ afternoon \_\_\_\_\_ early evening \_\_\_\_\_

ACTIVITIES PREFERRED:  Preparing Hampers  Sorting & Stacking Shelves  Food Drives

Clerical  Fundraising  Collecting food from stores & suppliers  Christmas Sharing

Interviewing Clients (experience and/or education requirements needed)  Volunteer Driving

All volunteers are required to sign an Oath of Confidentiality and a Volunteer Agreement Form governing their conduct and relationship to the corporation of Central Hastings Support Network Inc. A police check will also be required. Before signing this Form, read it over and ask questions if there is anything you do not understand. Your signature indicates that you understood and agree to these terms and provide permission for a CHSN representative to contact persons named as references.

Volunteer Signature

Witness

Date

Serving Central Hastings since 1985

