

TE Volunteer Application Form

HR-VM-30004

The only official version of ONE CARE documents is the on-line version.

Last Name:		First Name:			Middle Initial:		
Home Address (Box#/Street/911):							
Town:		Pos	Postal Code:		Date of Birth (DD/MM/YY):		
Telephone Home:		Cel	ell:		Email Address:		
Emergency Contact:			Telephone:		Telephone:		
Relation to Contact:			Alternate Tele		Alternate Tele	phone:	
Are there any health conditions we should be aware of?							
How did you hear about volunteering with us?							
Availability and Areas of Interest:							
Monday	South Huron		Driver – M	IOW		☐ Exercise Instructor	
☐ Tuesday	Central Huro	n	Driver – Transportation			☐ CHAP Volunteer	
Wednesday	☐ North Huron		☐ Mobility Escort (Huron only)		Life Hiker Leader		
☐ Thursday	☐ Stratford		☐ Fundraising		☐ Nordic Pole Leader		
☐ Friday			☐ Kitchen		Other Wellness		
☐ Saturday			Social Programs (Huron only)		☐ Entertainment		
☐ Sunday ☐ Dini		Dining Pro	Dining Programs		Adult Day Program		
			☐ Friendly Visitor			☐ Shopping Escort (ADP)	
			Telephone	e Reassura	ance Caller	Swimming (ADP)	
I am not available du	uring:						
Employment							
Current Occupation:				Past Occupation(s):			

Please list any skills, training, interested, hobbies or previous volunteer experience as it applies to a Volunteer role at ONE CARE:							
References: Please list at least two people who are willing to provide a work and/or personal reference for you. They must not be immediate family or other relative.							
Name:	Telephone:						
Email:							
Name:	Telephone:	_					
Email:	1						
Name:	Telephone:						
Email:							
Photo/Video Consent I hereby consent to the use of my image and name, recording of my name, voice and comments in regards to the participation of programs and special events through ONE CARE. This information may be used for purposes as ONE CARE deems appropriate, including public relations and promotions. This may include public presentations, brochures, posters and media releases including newspapers, magazines, cablecast, and broadcast TV, radio, website, audio/video presentations.							
Signature:		Date:					
Authorization for collection of Personal Information Authorize ONE CARE to collect Personal Information appropriate to the position applied for concerning my volunteer experience, and to verify the character references I have supplied. I understand that the information obtained will be kept confidential. I hereby certify that the above information is true to the best of my knowledge. I agree to keep ONE CARE informed if any of the above information changes at any time. I understand that any willful falsification of information may result in termination of my volunteer assignment.							
Signature:		Date:					
I understand that that all volunteers are subject to co as a volunteer with ONE CARE is deemed unaccepta guidelines.							
Signature:		Date:					
Volunteer is Under the age of 18 I,, support the decision case of the control of the cont	of the agency that						
Parent/Guardian Signature:		Date:					
ADDITIONAL FORMS MAY BE REQUIRED FOR COMPLETION OF APPLICATION DEPENDENT ON POSITION							
Thank you for completing our application. You will be contacted to discuss current opportunities.							