



## Host Program

### VOLUNTEER APPLICATION FORM

Personal Information		
Family Name	Given Name(s)	
Address		
City	Province	Postal Code
Telephone Number	Cell Number	e-mail Address
Gender	Age	Native Language
Transportation (By car? Public Transportation?)		
Volunteer or Employment Experience		
Organization/Company Name		Telephone Number
Position	From (month & year)	To (month & year)
Description of duties		
Organization/Company Name		Telephone Number
Position	From (month & year)	To (month & year)
Description of duties		
Education		
Name of School	Name of Program	Highest level completed
Name of School	Name of Program	Highest level completed
Name of School	Name of Program	Highest level completed
Language Skills		
Other Possible Participants (spouse, child, parent, etc.)		
Family Name	Given Name(s)	Relationship to you
Address		
City	Province	Postal Code
Telephone Number	Cell Number	e-mail Address

<b>Matching Information</b>							
Preferred Type of Match <input type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> Youth <input type="checkbox"/> Group <input type="checkbox"/> Mentor							
Please list any special skills, interests or talents you may be able to share							
Comments							
<b>Availability</b>							
Schedule	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							
<b>Recruitment Information</b>							
Why did you choose to volunteer with us?							
How did you hear about us? <input type="checkbox"/> Volunteer Referral Service <input type="checkbox"/> Newspaper <input type="checkbox"/> Friend <input type="checkbox"/> Other							
<b>References (not relatives)</b>							
Name	Relationship to you			Telephone Number			
Name	Relationship to you			Telephone Number			
Have you ever been convicted of a criminal offence for which a pardon has not been granted? <input type="checkbox"/> Yes <input type="checkbox"/> No							
<b>Other Details</b>							
Is there anything else about you we should know?							
<b>Please read carefully</b>							
I hereby certify that to the best of my knowledge and belief, the answers given by me to the foregoing questions and all statements made by me in this application are correct and true. I understand that any false information or material omission contained in this application is cause for my immediate dismissal. I hereby authorize Quinte United Immigrant Services or any of its representatives to verify the information given by me on this application.							
Signature : _____ Date : _____							

