



103 Inverness Street; Caledonia, ON; N3W 1B1
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Volunteer Application Form

Personal Information:

Please Circle: Mr. Mrs. Ms. Miss

Name: _____

Mailing Address: _____

City/Town: _____ Postal Code: _____

Home Telephone: _____ Business Telephone: _____

Email: _____

Age: Under 18 _____ 18 - 30 _____ 30-50 _____ 50+ _____

Areas of Interest: _____

Related Training/Education/Area of Study: _____

Related Work Experience: _____

Skills/Interests/Hobbies: _____

Reasons for Volunteering: _____

Times Available (Please Circle As Many As Appropriate):

 Morning Lunch Hours Afternoon Evening/Weekend

How Many Hours Would You Like to Volunteer: Per Week: _____ Per Month: _____

Length of Commitment: _____ 0 - 3 mos _____ 6 mos _____ 1 year _____ 1+ year

Please Indicate Your Areas Of Interest:

_____ Assisting on-site with Fundraising Events _____ Board of Directors
_____ Community Meal Program Sponsor _____ Community Meal Program Volunteer
_____ CYPRES Dance Chaperone _____ CYPRES Seniors Programs
_____ Other (please indicate area of interest) _____

Previous Volunteer Experience:

1. Organization: _____ Role/Position: _____

From (start date): _____ To: _____

Description of Activities/Responsibilities: _____

2. Organization: _____ Role/Position: _____

From (start date): _____ To: _____

Description of Activities/Responsibilities: _____

Person to Contact in Case of Illness or Emergency:

Name: _____ Telephone: _____

Address: _____

Relationship: _____

In the event where you may be working with children and program participants, we may require References and/or a Police Records Check.

Do you have a current police check? _____ Are you willing to obtain a police check? _____

References:

1. Name: _____ Telephone: _____

Relationship: _____

2. Name: _____ Telephone: _____

Relationship: _____