



# VOLUNTEER APPLICATION FORM

The purpose of the application is to help us find the most satisfying and appropriate area of involvement for you as a volunteer with our agency. Your cooperation is most appreciated.

Name: \_\_\_\_\_  
Surname Given Name

Address: \_\_\_\_\_  
Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Home Cell

E-mail address: \_\_\_\_\_ Fax: \_\_\_\_\_

Age: 16-17\*\* \_\_\_\_\_ 18-29 \_\_\_\_\_ 50-69 \_\_\_\_\_ 70+ \_\_\_\_\_

## 1. Tell us a bit about yourself:

Education Background: \_\_\_\_\_  
\_\_\_\_\_

Vocational Background: \_\_\_\_\_  
\_\_\_\_\_

Hobbies, Sports, Interests: \_\_\_\_\_  
\_\_\_\_\_

Current First Aid/CPR (Year Expires) \_\_\_\_\_

Non-violent Crisis Intervention training (Year Expires) \_\_\_\_\_

Please list other skills, education, and training that may be relevant: i.e. second languages, nursing training, volunteer experience, etc.:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 2. Abilities & Availability:

YES

NO

Are you able to be physically active for up to two hours?

Are you willing to volunteer in the evenings and/or on weekends?

Do you have use of a vehicle? (with valid driver's license & insurance)

How much time are you able to commit: \_\_\_\_\_

(Example: One Saturday a month, two evenings per month, one-time event)

Specify best days and times: \_\_\_\_\_

\_\_\_\_\_

## Types of Volunteer Opportunities

3.

Check statements that describe your interests

- I would prefer a volunteer opportunity that is a group activity.
- I would prefer a one-on-one volunteer opportunity.
- I would like a volunteer opportunity that is directly helping people.
- I relate well to people of age groups other than my own.
- I am comfortable around people with disabilities.
- In a volunteer opportunity I want to be busy doing something active.
- I would enjoy a leisure activity such as conversing, watching TV, going to a movie, and watching a sports event with someone.
- I enjoy teaching others about a skill or hobby I am good at.
- I am an idea person. Give me a topic that interests me and I can work on a committee.
- I like to organize and coordinate; planning a special event appeals to me.
- I enjoy the challenge of talking to other people to enlist their support.
- Promotions and sales are natural with me. It is what I enjoy.
- I build or create things with my hands and am glad to share this talent with others.
- I feel I am a good listener. I can be empathetic.
- A volunteer opportunity where I can show hospitality appeals to
- me. I would enjoy helping someone with their shopping.
- Clerical work of a manual nature would be enjoyable.
- I would enjoy using/learning to use of office equipment such as telephone systems, computers, photocopiers, etc. in a volunteer experience.
- I would enjoy visiting or helping the elderly in nursing homes.
- I feel I would enjoy and can relate well to people that come to Street Reach Ministries.
- I have the skills and attitude necessary to help children with school homework.
- I am interested in volunteering with the following specific program or activity at the Lutheran Community Care Centre.

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4. Is there any health related information we may need:

\_\_\_\_\_

5. Person to contact in case of emergency: \_\_\_\_\_

Phone: \_\_\_\_\_

5. Our priority and responsibility is to the safety and well-being of the people we support. Are you willing to attend appropriate and mandatory training sessions on issues that may arise when volunteering with people involved with the Lutheran Community Care Centre?

YES

NO

6. It is the policy of Lutheran Community Care Centre to have all volunteers who will interact on a one-to-one basis with children and vulnerable adults to obtain a criminal record check through the Police Department. Upon acceptance are you willing to obtain one?

YES

NO

7. **References:**

Using the attached forms, please provide us with two references who can speak to your suitability to volunteer with us. References should include people who have known you for a minimum of two years.

8. **Submission Date and Signature**

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

\*\* If under 18 years of age the following must be completed by parent/guardian.

I/we \_\_\_\_\_, being the parent(s)/guardian(s) hereby grant permission for our son/daughter to become a volunteer for the Lutheran Community Care Centre.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

Return completed application to volunteer Coordinator, Lutheran Community Care Centre, 245 B Bay Street, Thunder Bay ON P7B 6P2; fax 343-7954; **email: [info@lccctbay.org](mailto:info@lccctbay.org)**.

*Personal information on this form is collected, and will only be used to maintain a record of an individual as it pertains to volunteer activities within our agency. Any questions or concerns can be directed to the Privacy Officer, Lutheran Community Care Centre, 245 B Bay Street, Thunder Bay ON P7B 6P2, Telephone: 807-345-6062.*



## VOLUNTEER REFERENCE FORM

Date: \_\_\_\_\_ Name of Applicant: \_\_\_\_\_

Address of Reference: \_\_\_\_\_

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_  
Home Cell

1. In what capacity have you known the applicant (i.e. clergy, friend, co-worker, etc...)?

\_\_\_\_\_

2. For how long have you known the applicant? \_\_\_\_\_

3. What do you understand to be the applicant's reason for wanting to volunteer with the Lutheran Community Care Centre?

\_\_\_\_\_

4. To your knowledge, does the applicant's personality and lifestyle provide a positive role model?

\_\_\_\_\_

5. Would you trust this volunteer to work with vulnerable people?

**Absolutely**

**With some supervision**

**With close supervision**

**Not really**

6. Is the applicant able to interact with all types of people without bias?

**Always**

**Usually**

**An area of growth**

7. Have you known this applicant to be a good judge of character?

**Always**

**Usually**

**An area of growth**

8. Has the applicant demonstrated an ability to make good decisions?

\_\_\_\_\_

9. What would you say are the applicant's gifts or strong points?

\_\_\_\_\_

\_\_\_\_\_

10. Availability of Time: In your opinion, does the person have enough time to assume a significant volunteer responsibility?  Yes  No

Circle or click the appropriate answer(s) below. Note: Scale Rating: 1 is lowest, 5 is highest:

11. **Reliability:** On a scale of 1 to 5, rate the applicant's reliability.  
1      2      3      4      5

12. **Listening Skills:** Please rate the applicant's listening skills.  
1      2      3      4      5

13. **Discretion:** Please rate the applicant's respect for confidentiality in sensitive matters.  
1      2      3      4      5

14. **Coping:** Please rate the person's ability to cope effectively with stress.  
1      2      3      4      5

15. Please rate the following characteristics on a scale of 1 to 5 (1 is lowest, 5 is highest).

<b>Compassion</b>	1	2	3	4	5
<b>Honesty</b>	1	2	3	4	5
<b>Sincerity</b>	1	2	3	4	5
<b>Faith/Spiritual maturity</b>	1	2	3	4	5

16. Can you recommend this applicant to the Lutheran Community Care Centre volunteer program?  
\_\_\_\_\_  
\_\_\_\_\_

17. Any other comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. I would like to speak to someone in person about this applicant. Please have the volunteer coordinator call me at the phone number listed above or \_\_\_\_\_

**Signature of Reference** \_\_\_\_\_

**SEND**

If you are unable to send this form by email please print out the completed form and return it to the Lutheran Community Care Centre, 245 B Bay Street, Thunder Bay ON P7B 6P2; fax 343-7954

Note: For confidentiality reasons, please seal this form into an envelope after completion and return it to Volunteer Coordinator, Lutheran Community Care Centre, 245B Bay Street, Thunder Bay ON, P7B 6P2. You may be called to elaborate on the above information.