

Volunteer Application

Thank you for expressing an interest in volunteering with Pathways. You will find attached an application that needs to be completed and returned to Karen Metcalf at our main office in Belleville. This information will help us identify what and where you could volunteer within the organization.

To ensure the well-being of the people we support, we are required to have you complete a criminal reference check and have you share the results with us. We also ask for three references and your signed permission to contact them. We will also request a copy of your valid driver's license.

Once completed and returned, a convenient time and place can be arranged to provide you with an orientation and get you started.

It takes a special kind of person to give of their time and talent and Pathways sincerely welcomes and appreciates your interest in volunteering.

If you have any questions at any time please do not hesitate to contact myself, Karen Metcalf at our main office (962-5085 ext. 223).

Personal Information

First Name: _____ Last Name: _____

Address: _____ City: _____

Postal Code: _____ Phone No: _____ Alt Phone: _____

Emergency Contact: _____ Emergency Phone No: _____

Email: _____

Do you have access to a vehicle? Yes No

Are you comfortable driving individuals in your vehicle? Yes No

Employment Information

Employer (if applicable): _____ Address: _____

Job Title: _____ Work Phone: _____

Supervisor: _____ Supervisor Phone: _____

Availability

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM: <input type="checkbox"/>	AM: <input type="checkbox"/>	AM: <input type="checkbox"/>	AM: <input type="checkbox"/>	AM: <input type="checkbox"/>	AM: <input type="checkbox"/>	AM: <input type="checkbox"/>
PM: <input type="checkbox"/>	PM: <input type="checkbox"/>	PM: <input type="checkbox"/>	PM: <input type="checkbox"/>	PM: <input type="checkbox"/>	PM: <input type="checkbox"/>	PM: <input type="checkbox"/>

Please check your interests:

Reading: Yes <input type="checkbox"/> No <input type="checkbox"/>	Animals: Yes <input type="checkbox"/> No <input type="checkbox"/>	Administration: Yes <input type="checkbox"/> No <input type="checkbox"/>
Tutoring: Yes <input type="checkbox"/> No <input type="checkbox"/>	Special Events: Yes <input type="checkbox"/> No <input type="checkbox"/>	Board of Directors: Yes <input type="checkbox"/> No <input type="checkbox"/>
Gardening: Yes <input type="checkbox"/> No <input type="checkbox"/>	Outdoor Activities: Yes <input type="checkbox"/> No <input type="checkbox"/>	P.R. Work: Yes <input type="checkbox"/> No <input type="checkbox"/>
Sports: Yes <input type="checkbox"/> No <input type="checkbox"/>	Shopping: Yes <input type="checkbox"/> No <input type="checkbox"/>	Committee: Yes <input type="checkbox"/> No <input type="checkbox"/>
Crafts: Yes <input type="checkbox"/> No <input type="checkbox"/>	Camping: Yes <input type="checkbox"/> No <input type="checkbox"/>	Fundraising: Yes <input type="checkbox"/> No <input type="checkbox"/>
Music: Yes <input type="checkbox"/> No <input type="checkbox"/>	Drama: Yes <input type="checkbox"/> No <input type="checkbox"/>	Cooking: Yes <input type="checkbox"/> No <input type="checkbox"/>

Please check your skills:

Sign Language: Yes <input type="checkbox"/> No <input type="checkbox"/>	Communications: Yes <input type="checkbox"/> No <input type="checkbox"/>
Computers: Yes <input type="checkbox"/> No <input type="checkbox"/>	Decorating: Yes <input type="checkbox"/> No <input type="checkbox"/>
Mechanics: Yes <input type="checkbox"/> No <input type="checkbox"/>	C.P.R. F/Aid: Yes <input type="checkbox"/> No <input type="checkbox"/>
Home Repair: Yes <input type="checkbox"/> No <input type="checkbox"/>	

Any other Skills or Interests not listed above?

Previous Volunteer or work related experiences?

How did you hear about us?

References:

1. Name: _____

Phone No. _____

Relationship: _____

2. Name: _____

Phone No. _____

Relationship: _____

3. Name: _____

Phone No. _____

Relationship: _____

****I hereby give Pathways representative permission to contact any individuals listed in this application to gather information pertaining to this application.**

****I further give Pathways permission to share my contact information with:**

Pathways Foundation

Membership Committee

Signed: _____ Date: (dd-mmm-yyyy) _____

OFFICE USE ONLY

Start Date: (dd-mmm-yyyy) _____ End Date: (dd-mmm-yyyy) _____

Actual Volunteer Location(s): _____

Supervised: Yes No If Yes, by Whom: _____

CPIC Tendered: Yes No If Yes, Result: _____

References Results:

Copied Driver's License: Yes No

Liability Limit: _____

Link to Policy: Yes No "yes" please specify Policy Title: Volunteer Application & Approval & Orientation

Date Printed: _____
(dd/mmm/yyyy)