



# Volunteer Position Application

Name: \_\_\_\_\_  
Salutation (Mr., Mrs., other)      First      Last

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Street      City

Phone: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Home      Work      Cell

E-mail Address: \_\_\_\_\_

Age, if under 18: \_\_\_\_\_ Date of Birth (year optional): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ / \_\_\_\_\_  
Day      Evening

## Skills and Interests

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

Special Training: \_\_\_\_\_

Occupation: \_\_\_\_\_ Present Employer: \_\_\_\_\_

Work Experience: \_\_\_\_\_

Volunteer Experience: \_\_\_\_\_

Interests/skills: \_\_\_\_\_

What type of volunteer position interests you? \_\_\_\_\_

Would you consider serving on the Board of Directors?     Yes     No

Is direct client interaction important?     Yes     No

Do you drive?     Yes     No    Do you have access to a vehicle?     Yes     No

## Availability

Please indicate the times you are available on the following chart:

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Months available: \_\_\_\_\_

Other availability details: \_\_\_\_\_

Commitment Length: \_\_\_\_\_

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## References

Source of Referral:  Mission Services of London Website  
 Pillar Voluntary Sector Website  
 Pathways/Ontario Works  
 Other: \_\_\_\_\_

I give my permission to Mission Services of London to contact the persons listed below to evaluate my suitability for a volunteer position and to provide written and verbal references regarding my volunteer positions with the organization.

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

Reference #1 (not a family member)

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Reference # 2 (not a family member)

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Depending on the position you are applying for, would you be willing to undergo a criminal reference check?  Yes  No

All of the information submitted is true and correct to the best of my knowledge.

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

May we add you to our mailing list?  Yes  No

Please send me correspondence as:  hard copy  electronic

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## Confidentiality Agreement

While volunteering at any branch of Mission Services of London, you will acquire information about clients that is very personal and private. It is mandatory that discussions concerning individuals be directed only to the appropriate staff and that you do not discuss confidential information with anyone outside the agency nor use names that may identify clients. By signing below you agree to hold information regarding clients as confidential, except as you may be legally required or where you believe there is serious death threat to the client or others and the proper authorities must be notified, you will not disclose or release information at any time to any person.

I understand that confidentiality must be maintained for issues concerning Mission Services of London, its branches and/or its clients.

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