



Century House Volunteer Application Form

Date: _____

A. PERSONAL INFORMATION:

Please only fill out sections that apply to you.

Member of Century House? Yes No

Name: _____

Address: _____ City: _____

Postal Code: _____ Email: _____

Telephone: _____ Cell: _____

Date of Birth: _____

School Attending: _____ Grade: _____

Emergency contact person:

Name: _____ Phone No.: _____

Relationship: _____

Illness or disabilities Century House should be aware of: _____

B. BACKGROUND:

Languages spoken: _____ written: _____

Computer skills: _____

Special skills, certificates, memberships, interest groups, activities: _____

Interests: (Please check area of interest or where you have some skills)

Fundraising Office Work Committee Work Special Events

Displays Photography Group Facilitation

Other _____

Previous Work Experience: _____

C. VOLUNTEER INFORMATION:

Previous Volunteer experience: _____

How did you hear about volunteering at Century House? _____

Why are you interested in volunteering at Century House?

Please turn over and complete other side.

VOLUNTEER AREA of Interest: (Tick one or more)

CH Members Only:

- Office Host Senior Peer Counsellor
- Fundraising Activity Committee Other_____

Non-Members:

- Food Services Program Special Events Student
- Other_____

(To volunteer in the Food Services Program a commitment of three months is needed.)

Areas involved in at Century House: _____

Date started volunteering at Century House_____

D. AVAILABILITY: (Please check all that apply)

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

How much time do you have to volunteer:

per week_____per month_____

REFERENCES:

Name: _____ Phone No:_____

Name: _____ Phone No. _____

FOR OFFICE USE ONLY:

Interview Date:_____

Reference Check:_____

Orientation:_____

Placement:_____

Evaluation:_____

Follow-up: _____

