

**SCADDING COURT COMMUNITY CENTRE
VOLUNTEER APPLICATION FORM**

Name: _____ Phone: (H) _____

Phone: (W) _____

E-Mail: _____

Address: _____

City _____ Postal Code _____

Emergency Contact: _____ Phone: _____

Relationship: _____

Languages Spoken or Written: _____

Parent/Guardian's signature (if under 18 years of age): _____

Are You Currently Employed? Yes No Full-time Part-time

If yes, WHERE? _____ Job Title: _____

Are You Currently a Student? Yes No Full-time Part-time

School/College/University (previous or current): _____

Grade Level/Degree: _____

Hobbies/Interests/Skills: _____

Previous Volunteer Experience: _____

If yes, WHERE? _____ Volunteer Title: _____

Reference: _____ Phone: _____

How Did You Hear About Us?

Drop-In

Membership

Volunteer Centre

Friend

Volunteer

Other _____

What Is Your Time Availability? (Please check off days and times you are available)

Morning

Afternoon

Evening

Monday Tuesday Wednesday Thursday Friday Saturday

Which SCCC Program Interests You? (Please check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> One-to-one Tutoring | <input type="checkbox"/> Childcare | <input type="checkbox"/> After-4 Activities |
| <input type="checkbox"/> Reception/Administration | <input type="checkbox"/> Special Events | <input type="checkbox"/> Community Garden |
| <input type="checkbox"/> Programs for People w/Disabilities | <input type="checkbox"/> Health Services | <input type="checkbox"/> Settlement Services |
| <input type="checkbox"/> Referee, Coach, Teach Sports | <input type="checkbox"/> Program Outreach | <input type="checkbox"/> No preference |

What Special Skills Do You Have?

- | | | | |
|--------------------------------------|---|--------------------------------------|---|
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Arts, Painting | <input type="checkbox"/> Computers | <input type="checkbox"/> Administration |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Cooking | <input type="checkbox"/> Translation | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Other _____ | | | |

What Are Your Reasons For Volunteering? (please check off)

- | | | |
|--|--|---|
| <input type="checkbox"/> Spare Time | <input type="checkbox"/> Desire To Help Others | <input type="checkbox"/> Experience |
| <input type="checkbox"/> Interest in community | <input type="checkbox"/> Meet People | <input type="checkbox"/> High School Credit |
| <input type="checkbox"/> Court Order/Social Service <input type="checkbox"/> Other _____ | | |

Please Provide Name and Contact Number of Two References? (work or school)

Name: _____	Telephone: _____
Name: _____	Telephone: _____

I hereby agree that all information provided is true and accurate and I give Scadding Court Community Centre authorization to check references. I understand my application is conditional pending outcome of reference checks and may be subject to a criminal reference check.

Signature:

Date: