

**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)

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

**What Special Skills Do You Have?**

- Crafts                      Arts, Painting              Computers                      Administration
- Gardening              Cooking                      Translation                      Sports
- Other \_\_\_\_\_

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

- Spare Time                      Desire To Help Others        Experience
- Interest in community        Meet People                      High School Credit
- Court Order/Social Service 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:**