



## SCADDING COURT COMMUNITY CENTRE VOLUNTEER APPLICATION FORM

Name: \_\_\_\_\_ Phone: (C) \_\_\_\_\_  
Phone: (H) \_\_\_\_\_

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:** \_\_\_\_\_