



# Moose Jaw Family YMCA

## VOLUNTEER APPLICATION FORM

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

Mr.       Mrs.       Miss

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Business \_\_\_\_\_ Other \_\_\_\_\_

I prefer to receive calls at:  Home     Business     Other      Best Time: \_\_\_\_\_

S.I.N.: \_\_\_\_\_ Date of Birth (day / month / year): \_\_\_\_\_

Are you receiving credit for your volunteer work?  **Yes** – Required number of hours: \_\_\_\_\_  **No**

### Employment History / Volunteer Work

Company Name / Employer	Your Job Title	From	To	Full or Part-Time

From the brochure, what type of volunteer assignment are you interested in? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How did you find out about our volunteer program? \_\_\_\_\_

Check the skills and experiences you have to offer.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Organizational Skills    | <input type="checkbox"/> Nursing                        | <input type="checkbox"/> Musical Ability        |
| <input type="checkbox"/> Cash Handling Experience | <input type="checkbox"/> Experience with Elderly        | <input type="checkbox"/> Languages Spoken       |
| <input type="checkbox"/> Computer Skills          | <input type="checkbox"/> Experience with Children       | <input type="checkbox"/> Fundraising Experience |
| <input type="checkbox"/> Clerical                 | <input type="checkbox"/> Experience with Women's Health |   |

Check your main reason for volunteering.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Academic Credit                | <input type="checkbox"/> Learning New Skills | <input type="checkbox"/> Practice English Skills |
| <input type="checkbox"/> Confirmation Requirement       | <input type="checkbox"/> Help Others         | <input type="checkbox"/> Employment Experience   |
| <input type="checkbox"/> Referred by Medical Profession | <input type="checkbox"/> Improve Health Care | <input type="checkbox"/> Stay Active & Involved  |
| <input type="checkbox"/> Explore Careers                | <input type="checkbox"/> Social Interaction  | <input type="checkbox"/> Increase Self-esteem    |
| <input type="checkbox"/> Relative / Friend Volunteers   |  |  |

Are you interested in volunteering for a specific Fundraising event? **Yes** **No**

**If Yes**, please list the Fundraisers (for a list of fundraisers, please see our Program Guide, our website: [www.moosejawymca.ca](http://www.moosejawymca.ca), or contact Selina Muir at 306-692-0688): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**If No**, Please check (✓) the preferred time period that you are available to volunteer

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Approximately how often would you be willing to volunteer (weekly, bi-weekly, monthly)? \_\_\_\_\_

**Health Information**

Please list any intellectual or physical disabilities or health problems which may affect your ability to perform as a volunteer and that you wish to have taken into account when determining a volunteer placement. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Who would you like us to contact in case of an emergency?**

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

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

Work \_\_\_\_\_

**References**

Name	Organization	Relationship	Phone Number	Comments

**Disclaimer:** Because we take our responsibility for clients seriously, we screen all of our applicants thoroughly. We will be contacting the above named references to ascertain your suitability as a volunteer.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only	
Approved: _____	Not Approved: _____
Reason: _____	
Placement: _____	Date: _____