VOLUNTEER APPLICATION FORM

Thank you for your interest in volunteering with the House of Blessing. Volunteers are our most valuable resource and an integral part of fulfilling our mission: *to be a beacon of hope, a safe place of comfort and practical help for those in need socially, spiritually, physically and economically.*

Date:_____

GENERAL INFORMATION

We celebrate birthdays here at House of Blessing!

Name: _____ Birthday: Month January Day 1

Address: _____

APT # *STREET/RR#* *BOX#*

_____ Ontario

CITY *PROVINCE* *POSTAL CODE*

Primary Phone: _____ Secondary Phone: _____

May we text you?: Yes No Email: _____

How did you hear about the House of Blessing?

- ☐ Advertisement
- ☐ Newsletter
- ☐ Volunteer Fair
- ☐ Website or Social Media
- ☐ Self-Referral
- ☐ Other_____
- ☐ Agency or Organization
- ☐ Friend

ABOUT YOU

Why would you like to volunteer with us?

_____

_____

_____

_____

What volunteer/work experience do you have? Please list organizations and duties.

_____

_____

_____

_____

Special interests, skills or hobbies:

_____

_____

How many hours a week are you interested in volunteering with us?

Are you available: ☐ Mornings ☐ Afternoons ☐ Weekends (Only for special events.)

Which weekdays are you available: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

What kind of volunteer work would you prefer to do?

- ☐ Sorting Food
- ☐ Food Bank
- ☐ Organizing
- ☐ Cleaning
- ☐ Heavy Lifting
- ☐ Pick Ups/Deliveries
- ☐ Prepping Food Hampers
- ☐ Food Bank Delivery Driver
- ☐ Food Bank Delivery Runner
- ☐ Outdoor Maintenance
- ☐ Fundraising – Special Events
- ☐ Food Drives
- ☐ Other _____

Are you willing to use your personal vehicle for volunteer work? Yes ◉ No ○

Are you willing to Drive House of Blessing's vehicles: Yes ○ No ○

EMERGENCY CONTACT INFORMATION:

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

Name: _____ Relationship: _____

Address: _____

APT # *STREET / RR # / BOX #* *TOWN/CITY*

Primary Phone: _____ Secondary Phone: _____

Do you have any medical conditions/needs that we should know about in case of an emergency?

_____

Please provide the names of three references that we may contact for the sole purpose of discussing your role as a volunteer with the House of Blessing:

Name: _____ Relationship: _____

Phone: _____ Email: _____

Name: _____ Relationship: _____

Phone: _____ Email: _____

Name: _____ Relationship: _____

Phone: _____ Email: _____

The Stratford House of Blessing is committed to providing a quality volunteer experience and quality service to the community. As part of that commitment, we screen all volunteers. The screening process involves: 1) Application Form, 2) contacting references, 3) personal interview 4) a police record check (if 18 years of age and older). Please do not proceed with the police record check until requested. All information gathered will remain confidential.

Do you foresee any difficulty with this screening process? ◉ No ○ Yes

I hereby declare that to the best of my knowledge the foregoing information is true and complete. I authorize the Stratford House of Blessing to check the references I have listed above.

I understand that:

- If I'm accepted as a Volunteer, I will receive an orientation and training appropriate to my volunteer assignment;
- The relationship between the Stratford House of Blessing and volunteers is an "at will" arrangement that may be terminated at any time without cause by either the volunteer or the Stratford House of Blessing;
- In the course of volunteering for the Stratford House of Blessing, I may be dealing with confidential or sensitive information. I agree to keep such information in the strictest confidence;
- All information given to the House of Blessing as part of this application will be kept confidential.

Applicant Signature	Date
Parent/Guardian Signature (if you are under 18 years of age)	Date

If you are unable to sign, you can sign in person at your intake meeting.

Volunteer Hours Documentation Request:	☐ Student	☐ Other (please explain)
Number of Hours Required _____	Documentation Required:	
Contact Name: _____	Organization: _____	
Contact Telephone:	Contact Email:	

Thank you for taking the time to complete this application!