

Volunteer Application

Thank you for your interest in volunteering with World Skills Employment Centre. Please fill out this application form and once our staff has reviewed your volunteer request we will attempt to place you within your area of interest. All volunteers must undergo an interview and reference check.

DATE: _____

CONTACT INFORMATION: (Please print)

Name: _____
Last First

Address _____
Street City Province Postal Code

Home Telephone #: _____ Other Phone # _____

Email _____

Languages:

English French Other _____

What is your availability? (Please circle all that may apply)

- Weekday mornings: Mon Tues Wed Thurs Fri
 Weekday afternoons: Mon Tues Wed Thurs Fri
 Weekday evenings: Mon Tues Wed Thurs Fri

When are you available to start volunteering? _____

EMPLOYMENT BACKGROUND

All potential volunteers are required to provide a resumé. Resumé attached Yes No

PLEASE ANSWER THE FOLLOWING QUESTIONS

1) How did you hear about volunteer opportunities at World Skills? _____

2) Please tell us why you are interested in volunteering with World Skills.

3) Have you participated in any World Skills programs or workshops? Yes No

If yes please provide details _____

REFERENCES

List the name, relationship and phone number of 2 references. (No relatives please).

NAME	RELATIONSHIP	PHONE NUMBER	E-MAIL ADDRESS
		()	
		()	

Do we have permission to contact your references? Yes No

EMERGENCY CONTACT

Please give 2 people we can call in case of an emergency while you are volunteering.

NAME	RELATIONSHIP	PHONE NUMBER
		()
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Disclosure Statement:

I certify that all the information I have provided is true, complete and correct. I understand that all information on this form is voluntarily supplied and may be used and disclosed in a professional manner and in good faith for the specific purpose of volunteerism only. I understand that it is the policy of LASI World Skills to regard all information pertaining to staff, volunteers and client as confidential. This includes both written and verbal information.

I authorize you and your organization to investigate all statements contained on this application. I understand that any misrepresentation or omission of facts called for is cause for immediate disqualification or immediate dismissal.

Applicant's Signature _____ **Date** _____

Thank you for your interest.