

**VOLUNTEER APPLICATION FORM – Fillable**

Date: Click here to enter a date.

Name: Click here to enter text.

Address, City, Postal Code: Click here to enter text.

Home Phone: Click here to enter number.

Cell Phone: Click here to enter number.

Work Phone: Click here to enter number.

May we phone you at work? [ ] Yes [ ]  No

E-mail Address: Click here to enter address.

First Aid Training/CPR: [ ] Yes [ ] No Expiry Date: Click here to enter a date.

Clear Vulnerable Sector Check within last 3 months: [ ]  Yes [ ]  No

How did you hear about our volunteer program?

Click here to enter text.

Briefly state why you are interested in becoming a volunteer of Women’s Rural Resource Centre of Strathroy & Area?

Click here to enter text.

Please list any special skills or hobbies you have that you would like to bring to the agency:

Click here to enter text.

**AVAILABILITY:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Morning |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Afternoon |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Evening |[ ] [ ] [ ] [ ] [ ] [ ] [ ]

**REFERENCES (not related):**

|  |  |
| --- | --- |
| Name | Click here to enter text. |
| Organization | Click here to enter text. |
| Phone | Click here to enter number. |
|  |  |
| Name | Click here to enter text. |
| Organization | Click here to enter text. |
| Phone | Click here to enter number. |

**EMERGENCY CONTACT:**

Name: Click here to enter text.

Phone: Click here to enter number.

[ ]  **I understand that Women’s Rural Resource Centre requires a clear vulnerable reference check and completion of orientation before I am able to begin volunteering.**

**Checking YES gives Women’s Rural Resource Centre permission to contact your references.**

[ ] **Yes, I grant WRRC permission to contact my references.**

Signature: Click here to enter text.

Date: Click here to enter text.

**Areas of Interest** *(please check all that apply)*

**Woman Support**

[ ] Driver – transport women using agency vehicle or your own vehicle

[ ] Transport women within the local community

[ ] Transport women to London

[ ] For appointments

[ ] For recreational activities (church, children’s activities, library, etc.)

[ ] Recreation – facilitate activities for women

[ ] Athletic activities (yoga, tai chi, etc.)

[ ] Crafts (knitting, sewing, painting, etc.)

[ ] Spa nights (nails, facials, hair, etc.)

[ ] Cooking and baking in shelter

[ ] Baking

[ ] Cooking

[ ] Meal prep

[ ] Help women move

[ ] Grocery shopping for shelter

[ ] Finances & taxes – assisting women with their finances and answering any of their questions; completing annual

 tax returns.

[ ] Housing – assisting women with housing (find listings, take to view places, filling out paper work, etc.)

**Children Support**

[ ] Childcare – provide childcare while mom attends her appointment or does errands

[ ] Recreation

[ ] Reading to children in shelter

[ ] Crafts (drawing, painting, etc.)

**Administrative**

[ ] Welcome Desk – answer and direct calls, greet and direct visitors, accept donations, maintain reception area

**Community Garden**

[ ] Watering

[ ] Planting

[ ] Weeding

[ ] Harvesting

**Holiday Hamper Program (annual winter holiday season program)**

[ ] Lead volunteer – if interested, please ask for role description

[ ] Calling sponsors and families

[ ] Organizing donations

[ ] Accept donations and fill out proper documentation

[ ] Wrapping gifts

[ ] Deliver hampers

Other [ ]  Please list: Click here to enter text.

**Volunteer Service Agreement**

**Roles and Policies:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print name) acknowledge this agreement entered between Women’s Rural Resource Centre (WRRC) and myself with respect to volunteer work and confidential information.

**Nondisclosure of Confidential Information**: I understand and agree that, at no time during or after the end of my volunteering with WRRC, will confidential information, directly or indirectly, be disclosed or communicated in any manner to any individuals, corporation, or other entity, other than WRRC.

**Confidential Information**: As used in this agreement, confidential information shall include all information disclosed to, or known by me as a consequence of, or developed through, or during my volunteering for WRRC including all knowledge, information and materials regarding WRRC clients, services, processes, know-how, suppliers, product and/or service development, business plans, strategies and research as well as confidential information about financial, marketing, compensation or any other proprietary matters relating to WRRC.

**Original and Copies**: I will not make copies of any sort, in any form, in whole or in part, of any confidential information without permission, and I will not distribute any confidential information from the files unless asked to do so by a WRRC staff member.

**Media**: I understand that all forms of communication (print, audio, video and social) are prohibited unless the content has been authorized by WRRC.

**Return of Confidential Information**: I agree that I will deliver to WRRC all confidential information in my possession when I end my volunteering or at any other time within 24 hours of receiving a request to do so.

I have read this Agreement and understand the obligations imposed on me herein.

Volunteer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WRRC Staff Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submit Application to:** **volunteerapplications@wrrcsa.org**

Women’s Rural Resource Centre of Strathroy and Area

145 Beech Street, Strathroy, Ontario N7G 1K9

Tel: 519.246.1526 Fax: 519.246.1422

Crisis Line 1.800.265.5390

www.wrrcsa.org