



**Children's
FOUNDATION**
OF GUELPH AND WELLINGTON
Building brighter futures

VOLUNTEER APPLICATION FORM

Name _____ Date _____

Home Address _____

City _____ Postal Code _____

Best phone number to reach you at (____) _____ Home Work Cell

E-mail _____

Demographics Adult University/College Student High School Student

Emergency Contact _____

Name and relationship to you (ie parent)

Phone (home and/or work)

Why are you interested in volunteering with the Children's Foundation?

List and briefly explain any current/previous volunteer or work experience you feel is relevant to volunteering at the Children's Foundation:

Please tell us about any training background, education or skills that you can offer as a volunteer with the Children's Foundation (ie: event planning; board member; menu planning and/or working with food; fundraising etc.)

Is there a particular type of volunteer work or program that you would be interested in? (Please check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Adopt-a-Family Program | <input type="checkbox"/> Food and Friends Program |
| <input type="checkbox"/> Grants Program | <input type="checkbox"/> Menu planning |
| <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Food preparation/distribution |
| <input type="checkbox"/> Building Community Awareness | <input type="checkbox"/> Grocery shopping |
| <input type="checkbox"/> Office Support | <input type="checkbox"/> Reporting /bookkeeping |
| <input type="checkbox"/> Fundraising / Special Events | <input type="checkbox"/> Program coordination |
| <input type="checkbox"/> Other, please explain: _____ | |

If you selected the Food and Friends program, what is your preferred school location?

Availability:

Summer _____ Fall _____ Winter _____ Spring _____

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____

Morning _____ Afternoon _____ Evening _____ Specific times _____

References:

Please provide 2 references, other than a family member, that could speak to your volunteer abilities.

Name _____ Phone # _____

Name _____ Phone # _____

Do you have a current (within 6 months) Criminal Reference Check? Yes No
If no, this may be required depending on your volunteer duties.

I hereby certify that all information included in this application is true and complete. By signing this form, I authorize the Children's Foundation staff to contact the references I have provided. I agree to participate in orientation and training sessions as required and to respect the confidentiality of all information I may have access to.

Signature: _____

Date: _____

Access for People with Disabilities. There are stairs at the front entrance to The Children's Foundation of Guelph and Wellington office. With some advance notice, we are more than willing to assist persons in wheelchairs to enter. We are also prepared to arrange a meeting off site to accommodate.

Please email this completed volunteer application form to volunteer@childrensfoundation.org