



# Individual Volunteer Application

Date of Application (MM/DD/YY) \_\_\_\_\_

## Personal Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

## Employment/Educational Information

I am presently:     Employed             Student             Not employed/Retired  
 Occupation/Major: \_\_\_\_\_  
 Employer/School: \_\_\_\_\_

## Emergency Contact Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Relationship \_\_\_\_\_ Phone \_\_\_\_\_

## Availability Information

Please indicate below your volunteer availability

	Sun	Mon	Tues	Wed	Thu	Fri	Sat
Start							
End							

Have you previously volunteered at Inn from the Cold?     Yes             No  
 Are you able to volunteer a minimum of once a month?     Yes             No  
 Are you able to make a six month volunteer commitment?     Yes             No

## Area(s) of Interest

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Admin               | <input type="checkbox"/> Dinner Service | <input type="checkbox"/> Breakfast Service     |
| <input type="checkbox"/> Facilities Projects | <input type="checkbox"/> Bus Driver     | <input type="checkbox"/> Community Inn Program |
| <input type="checkbox"/> Dinner Host         | <input type="checkbox"/> Special Events | <input type="checkbox"/> Childcare/Tutoring    |

**PLEASE NOTE:** availability of positions varies depending upon our needs. Therefore, not every position may be available at a given time.

**References (one personal and one professional)**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Contact Number \_\_\_\_\_ Alternate Number \_\_\_\_\_  
Relationship \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Contact Number \_\_\_\_\_ Alternate Number \_\_\_\_\_  
Relationship \_\_\_\_\_

**Additional Information**

Why do you want to volunteer for Inn from the Cold? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you hope to gain from this experience? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide any previous work and/or volunteer experience that will assist you in volunteering with Inn from the Cold? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide any additional skills and/or qualifications that will assist you in volunteering with Inn from the Cold? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any medical and/or environmental concerns we should be aware of? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Volunteering at Inn from the Cold

Further to completion of the application form;

- Volunteers will be required to attend a New Volunteer Information Session. This session will provide additional information about Inn from the Cold and the current volunteer opportunities available
- Reference checks and personal interviews may be required (dependant on the volunteer position) prior to volunteering
- Police and child welfare checks may be required (dependant on the volunteer position) prior to volunteering
- Volunteers must sign a Volunteer Confidentiality Agreement
- Volunteers are asked to familiarize themselves with the policies and procedures of Inn from the Cold, as outlined in the IFTC Volunteer Handbook (to be provided after attending a New Volunteer Information Session).

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### Volunteer Declaration

I hereby certify that all information I have provided is true and complete to this date. I will disclose any new information relevant to my position to Inn from the Cold as it may arise.

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Signature

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Date

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### FOR OFFICE USE ONLY

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

File created: \_\_\_\_\_ Entered into database: \_\_\_\_\_

Information Session Attended?  Yes  No  N/A Date: \_\_\_\_\_

Reference Checks Completed?  Yes  No  N/A Date: \_\_\_\_\_

Security Checks Completed?  Yes  No  N/A Date: \_\_\_\_\_

Confidentiality Agreement Signed?  Yes  No  N/A Date: \_\_\_\_\_

Volunteer Handbook Provided?  Yes  No  N/A Date: \_\_\_\_\_

Additional Notes: \_\_\_\_\_

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