

Volunteer Application Form

Date: _____

Personal Information

Last Name: _____ First Name: _____

Address: _____

City: _____ Postal Code: _____

Home Telephone: _____ E-mail Address: _____

Are you 18 years of age or older? Yes ___ No ___

Current employer: _____

Work Telephone: _____ Can you be contacted at work? Yes__ No__

How did you first hear about Addiction Services of Thames Valley (ADSTV) ?

Brochure ___ Community Agency ___ Advertisement ___ Website ___

From a friend/colleague ___ Other ___ Please explain: _____

Briefly describe your educational background:

Do you have any special hobbies, skills or abilities?

Languages spoken _____

Briefly describe your volunteer experience / background:

Are you applying for a volunteer position as a condition or requirement of a social service agency or other organization i.e. Ontario Works, High School Graduation Requirement, community service etc. Yes No

Which program(s) would you like to volunteer for? Please check all that apply.

- Heartspace (female volunteers only)
- Problem Gambling Services
- Substance Abuse Program (main)
- Other

Areas of interest for volunteering: Food Services Administrative

Child Minding Fundraising Public Awareness Special Projects

Briefly describe why you would like to be a volunteer at ADSTV:

What do you know about ADSTV? _____

Describe any previous involvements or experience with addictions or mental health:

Describe previous experience with high-risk families:

Describe previous work with children:

Availability – please indicate times available

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Evening					

What challenges might you foresee in your volunteer role at ADSTV?

References: *Please provide contact information for 3 references.*

Work-related or volunteer (provide 2)

Name: _____ Address: _____

City: _____ Province: _____ Postal Code: _____

Business phone #: _____ Home phone #: _____ Email: _____

How long have you known this person: _____

In what capacity do you know this person: _____

Name: _____ Address: _____

City: _____ Province: _____ Postal Code: _____

Business phone #: _____ Home phone #: _____ Email: _____

How long have you known this person? _____

In what capacity do you know this person? _____

Personal (provide 1)

Name: _____ Address: _____

City: _____ Province: _____ Postal Code: _____

Business phone #: _____ Home phone #: _____ Email: _____

How long have you known this person: _____

In what capacity do you know this person: _____

May we use this information to send you mailings from time to time about ADSTV including fundraising initiatives? Yes No

I acknowledge that the information contained in this application is complete and truthful and I give ADSTV my permission to contact the references that I have provided.

Only female applicants will be accepted as volunteers in the Heartspace Program due to a bonafide job requirement of volunteer participation.

SIGNED: _____ DATE: _____