



Brantwood Community Services
Attention: Community Connections Facilitator
25 Bell Lane, Brantford, ON N3T 1E1
Phone: (519) 753-2658 Ext 461 Fax (519) 753-5639
E-mail: communityconnections@brantwood.ca
Website: www.brantwood.ca

Volunteer Application Form

Name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Do you have previous volunteer experience? (Not required) ☐ YES ☐ NO

If "yes", please provide details about your volunteer position:

Company Name	Volunteer Duties	Start / End Date

Why are you interested in volunteering?

Please list your hobbies, skills or special interests:

Tell us about your education experience:

School Attended	Field of Study	Degrees/Diplomas/Certificates

Tell us about your current occupational status: (Check all that apply)

<input type="checkbox"/> Employed Full Time	<input type="checkbox"/> Employed Part Time	<input type="checkbox"/> Retired
<input type="checkbox"/> Not Currently Employed	<input type="checkbox"/> Student	<input type="checkbox"/> Other _____

Time preferences for volunteering: (Check all that apply)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Are there any accommodations or allergies you would like Brantwood to be aware of?

How did you hear about Brantwood's volunteer opportunities?

<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> School	<input type="checkbox"/> Walk In
<input type="checkbox"/> Internet / Website	<input type="checkbox"/> Phone	<input type="checkbox"/> Other _____

REFERENCES (please include two professional and one personal):

	Reference Name	Company	Relationship	Phone Number	Alternate Phone	Email
1						
2						
3						

I hereby authorize Brantwood to contact any of the above references to make appropriate inquiries to determine my suitability for volunteer placement:

Signature: _____ Date: _____

All potential volunteers are interviewed and must pass a screening process, which includes a police clearance paid for by Brantwood after 6 months. All candidates must be 14 years or older.

In case of emergency please notify:	
Name: _____	Relationship: _____
Address: _____	
Phone: _____	Alternate Phone: _____

All of the information that I have provided on this application is true, correct and complete to my knowledge. I agree that any omission, misrepresentation or falsification of information on this application or any other document presented to Brantwood will be grounds for rejecting this application or discharging me if I am selected by the company.

Signature: _____ Date: _____

PRIVACY STATEMENT

Brantwood Community Services is committed to keeping all applicants' personal and health information safe and confidential, and will use only the collected information in the process of obtaining a volunteer position. Brantwood Community Services abides by Canada's Federal Personal Information Protection and Electronic Documents Act. Complaints of violation of this Act should be directed to Brantwood's Privacy Officer.

