



## VOLUNTEER APPLICATION

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

### PERSONAL INFORMATION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone (s): \_\_\_\_\_

Email: \_\_\_\_\_

Do you prefer we contact you by  Phone  Email

*Optional* Date of Birth: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Emergency Contact Phone(s) \_\_\_\_\_

### GETTING TO KNOW YOU:

1. How did you hear about us?

website  friend / relative  brochure / flyer

other: \_\_\_\_\_

2. Please describe why you are interested in volunteering at Bernadette McCann House:

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3. What skills do you have that you feel would be an asset to services provided through Bernadette McCann House?

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4. Please check all areas of interest:

- Childcare       Transportation     Garden / Yard work/Repairs  
 Public Awareness       Special Events     Donations  
 Other: \_\_\_\_\_

5. Volunteers are asked to attend training and make a commitment of one year of service (weekly, monthly, bi-monthly depending on the position). Can you agree to this level of commitment?       YES  NO

6. Are you generally free to volunteer:

- Weekdays  Evenings       Weekends

7. Do you prefer:

- volunteering on call  
 volunteering for scheduled shifts  
 either works for me

8. Do you drive and have access to a vehicle?       YES  NO

**I fully understand the above questions and certify that all information is true and accurate to the best of my knowledge. I understand that a successful volunteer interview, criminal reference check and the provision of three references will be required before I can attend Volunteer Training at Bernadette McCann House.**

Signature of applicant: \_\_\_\_\_

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

Witness: \_\_\_\_\_

*All information collected is considered confidential.*

**Please return this form to:**

Volunteer / Public Education Coordinator

Bernadette McCann House

P.O. Box 244, Pembroke, ON, K8A 6X3

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