



FRIENDSHIP • SUPPORT • COMMUNITY

Volunteer Application Form

Today's Date: _____

Date you can begin: _____

Name: _____

Full Address: _____

Telephone Number: _____

E-Mail address: _____

Emergency Contact and Telephone: _____

Doctor's Name and Telephone: _____

Preferred Pronoun: He She They Other: _____

Age: 19-29 30-39 40-49 50-59 60+

Do you have a valid driver's license? Yes No

If successful in attaining a volunteer post, I am providing express consent to received electronic messages to the above noted email address from Lifetime Networks such as newsletters, announcements, programs and events. I may unsubscribe at any time.

Yes No

I acknowledge that Lifetime Networks is a peanut, shellfish, perfume and cologne free area.

All volunteer positions require a vulnerable sector Criminal Record Check. This check will outline various police/legal involvement such as criminal convictions, Peace Bonds, police incidents where no charges were laid, outstanding warrants, and more. Some indices may not necessarily disqualify you from participating. Do you expect anything to show up on your criminal record check? If yes, please explain.

No Yes _____

How did you learn about Lifetime Networks?



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Please provide an overview of your educational and employment background:

What are some of your hobbies and interests?

Have you had any previous experience as a volunteer? With what organization/what kind of position?

Please describe why you want to be a volunteer at Lifetime Networks. What do you hope to gain from being a volunteer? Is this to satisfy an educational requirement or for personal interest?

Is there anything else you would like us to know about yourself? Do you have any special needs or restrictions we should be aware of?



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Which volunteer opportunities are you interested in at Lifetime Networks?

Network Friend -- (1 year or more)

Program Volunteer (e.g. fine arts, cooking, social groups) – (3-12 months)

Special Events Volunteer -- (occasionally)

Other: _____

All volunteer positions require two references. Please provide the following information for two individuals who are not related to you and can speak to your suitability for this volunteer position.

1.

Name: _____

Relationship to Applicant: _____

How long they have known you: _____

E-mail: _____ Telephone: _____

2.

Name: _____

Relationship to Applicant: _____

How long they have known you: _____

E-mail: _____ Telephone: _____

Thank you for applying to volunteer with Lifetime Networks! If you have any questions about this form or volunteering with us, please do not hesitate to contact volunteer@Lnv.ca.