



FRIENDSHIP • SUPPORT • COMMUNITY

Volunteer Application Form

Thank you so much for seeking out volunteer opportunities with us! This form will help us get to know you better and what experiences you are looking for so we can find the right place for you in our agency.

Name:

Today's Date:

Date Available:

Full Address:

Telephone Number:

E-Mail Address:

Emergency Contact and Telephone:

Please check any relevant experience you may have: (please elaborate below)

Volunteer Experience

Work Experience

Personal Experience

Other:

What do you hope to gain from volunteering at Lifetime Networks?

Personal Interest

Work Experience

Practicum Hours

Education Requirement

Are there any other factors or preferences to consider when connecting you with a volunteer role?

A Little Bit About Your Interests (Please check all that apply):Creative:

Art
 Theatre
 Dance
 Board Games
 Music
 Crafting
 Photography
 Baking
 Singing
 Other:

Physical:

Physical Fitness
 Sports
 Cycling
 Bowling
 Walking
 Swimming
 Hiking
 Other:

Topics:

Animals
 Nature
 Reading
 Academia
 Online Games
 Board Games
 TV/Movies
 Other:

Your Top 3 Personality Traits:

Adaptable	Imaginative	Outgoing
Organized	Intellectual	Talkative
Reliable	Responsive	Quiet
Sociable	Openness to Experience	Reserved
Leader	Humour	Impulsive
Engaging	Patient	Good boundaries
Generous	Active	

**Which type of volunteer opportunities are you interested in at Lifetime Networks?
(Please check all that apply):**

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> One-to-one | <input type="checkbox"/> Temporary |
| <input type="checkbox"/> Group Classes (ie. Art/Social) | <input type="checkbox"/> Long-term |
| <input type="checkbox"/> Events | <input type="checkbox"/> Occasional |

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

Preferred Pronoun: He She They

Are you willing to get a Criminal Record Check? Yes No

*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.*

Name:

Relationship to Applicant:

How long they have known you:

E-mail (preferred):

Telephone:

Name:

Relationship to Applicant:

How long they have known you:

E-mail (preferred):

Telephone:

*Thank you so much for your interest in Volunteering with Lifetime Networks! We will contact you shortly upon receiving your application. *Please check your spam or junk mail folder.*