



POLICY TYPE: HUMAN RESOURCES STANDARDS

(HRS) POLICY TITLE: *PRACTICUM STUDENTS AND VOLUNTEERS*

APPENDIX 28: *VOLUNTEER APPLICATION FORM*

Name:

Pronoun:

Address:

City / Postal code:

Phone Number:

E-Mail address:

Emergency Contact and Phone:

Preferred Communication Method: phone call text e-mail

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

Do you have access to a vehicle? Yes No

All volunteer positions require a vulnerable sector Criminal Record Check. 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

All new volunteers require double vaccination for COVID-19 due to Public Health directives that include our sector. Are you double vaccinated for COVID-19?

Yes No

How did you learn about Lifetime Networks?

In case we are able to place you as a volunteer in our organization, would you like to receive electronic messages from Lifetime Networks such as newsletters, announcements, programs and events. You may unsubscribe at any time.

Yes No



Please share some of your interests and hobbies:

How would you describe your personality (calm/ bubbly/ shy/ engaging, etc.)?

Please tell us a bit about yourself (profession, experiences, etc.):

Is there anything else you would like us to know about yourself (preferences / restrictions/ special needs, etc.)?

Please describe why you want to be a volunteer at Lifetime Networks (educational requirement / personal interest, etc.):

Which volunteer opportunities are you interested in at Lifetime Networks?

- Network Friend** - commitment for at least one year
- Group Classes** (e.g. art/socials/theatre) - 3-12 months
- Dynamic Duos** (one-to-one) - short term
- Special Events Volunteer** - occasionally
- Other:** _____



Date Available: _____

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

1.

Name: _____

Relationship to you: _____

Length of acquaintance: _____

E-mail (preferred): _____ phone: _____

2.

Name: _____

Relationship to you: _____

Length of acquaintance: _____

E-mail (preferred): _____ phone: _____

Thank you for applying to volunteer with Lifetime Networks!

We will contact you shortly upon receiving your application. Please check your spam or junk mail folder.