

**Community Living Guelph Wellington  
Volunteer Application Form**

---

**PART ONE Personal Information**

---

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Postal Code \_\_\_\_\_

E-Mail Address (optional) \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

---

**PART TWO Opportunities**

---

Check opportunities you may be interested in:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> One to One Support      | <input type="checkbox"/> Board Member/ Committee Work | <input type="checkbox"/> Fund Raising   |
| <input type="checkbox"/> Program/Group Assistant | <input type="checkbox"/> Student Placement            | <input type="checkbox"/> Administration |

Check client group(s) you would like to work with:            Adults        Seniors

---

**PART THREE Special Skills**

---

Special Skills and Interests (examples: first aid, CPR, sign language, recreation):

\_\_\_\_\_

Previous or Present Work/Volunteer Experience:

\_\_\_\_\_

If you have a particular area in Community Living Guelph Wellington where you would like to volunteer, please specify.

\_\_\_\_\_

---

**PART FOUR Availability**

---

In the next year, when are you available (check as many that apply)?

- |                                   |                                     |   |
|-----------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Mornings | <input type="checkbox"/> Afternoons | <input type="checkbox"/> Evenings                             |
| <input type="checkbox"/> Weekdays | <input type="checkbox"/> Weekends   |   |
| <input type="checkbox"/> Winter   | <input type="checkbox"/> Summer     | <input type="checkbox"/> Spring <input type="checkbox"/> Fall |

---

**PART FIVE Emergency Contact**

---

In case of an emergency please contact:

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

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

**Community Living Guelph Wellington  
Volunteer Application Form**

---

**PART SIX Work / Volunteer Related References**

---

<i>Name of reference person and their position</i>	<i>Company Name</i>	<i>Phone Number</i>	<i>Relationship to you</i>

**Note:** References should be directly related to your past volunteer/work experience.

---

**PART SEVEN Release of Information**

---

I, \_\_\_\_\_, authorize a staff member of the **Community Living Guelph Wellington** to contact the references indicated above, as well as any other relevant volunteer references included with my resume/application in order to confirm pertinent details of my previous work and/or volunteer experience(s).

The facts set forth on this application and/or in my resume are true and complete. I understand that if placed, false statements in either document shall be considered sufficient cause for dismissal. I also understand that if I am offered a student/volunteer placement, the position offered will be contingent upon satisfactorily passing reference checks, including a Criminal Records Check.

Signature of Student/Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

---

**PART EIGHT Submission**

---

Thank you for taking the time to complete this application form! Please forward to:

**Volunteer Coordinator  
Community Living Guelph Wellington**

8 Royal Road  
Guelph, ON N1H 1G3

e-mail: [volunteer@gwacl.on.ca](mailto:volunteer@gwacl.on.ca)