



**Volunteer Application and Record Form**

*Community Care Northumberland is committed to protecting the privacy of the personal information we collect. At times, we may publish your name, image and role in our publications, and may send you information about our activities. I give my consent to receive regularly scheduled communication from CCN and understand that I may revoke this consent at any time. If you do not wish your name, image or role to be published through various media, please contact our administration office at 1-866-514-5774. If you have any questions about our privacy policy, or would like a copy of the complete privacy policy, please contact the Executive Director at 1-866-514-5774 or email [admin@commcare.ca](mailto:admin@commcare.ca).*

*The information gathered on this form will be used internally to determine the most suitable position available for you and when you have been accepted as a volunteer, will be entered in our agency data base. Completing this application does not guarantee that you will be accepted as a volunteer. CCN has the right to verify all information provided on this application form. An applicant whom knowingly misrepresents themselves on this form will not be offered a volunteer position.*

*I understand that I am required to provide a satisfactory Police Vulnerable Sector Check by my local police service prior to being accepted as a volunteer. I further understand that I must commit to a 30 hour volunteer training program if I am applying to provide hospice/bereavement client and service volunteer peer support (Seniors WrapAround Program)*

*Please initial that you have read, understand and agree to the above \_\_\_\_\_*

Date of Application: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

Phone (H): \_\_\_\_\_ (C): \_\_\_\_\_

Work Phone (optional) \_\_\_\_\_ May we contact you at work?  yes  no

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

I would like to receive the weekly CCN electronic newsletter FOCUS at the above email address, and any other email notifications as deemed appropriate by staff. I understand I may revoke consent at any time.

yes  no (PLEASE INITIAL) \_\_\_\_\_



Please tell us how you came to know about our agency:

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Date of Birth: \_\_\_\_\_ (month/day/year)

(Please check all that apply)

I am interested in providing client service support:

- Palliative       Bereavement       Respite/Caregiver Support       Friendly Visiting
- Transportation       Meals on Wheels       Community Diners       Telephone Security Checks
- Home Help and Home Maintenance (brokered worker)       PDA Installation
- Volunteer Peer Support (Seniors WrapAround)

I am interested in the following non-client service volunteer roles:

- Office/Administrative Help       Special Events       Fund Raising
- Board/Advisory Committee Member       Outreach and Awareness
- Other \_\_\_\_\_

I am interested in joining the Community Care team because:

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Do you have any health limitations that would affect the service you can provide?  yes  no

If yes, please outline limitations (i.e. unable to lift etc.): \_\_\_\_\_

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Person to contact in case of emergency: \_\_\_\_\_

Relationship: \_\_\_\_\_ Contact number: \_\_\_\_\_



I have these skills and experience to share:

a) Professional (employment and volunteer)

b) Personal (interests, special skills)

Please provide 2 references (include one personal that is not a relative):

*Please provide your references email addresses, if available, so that we can send them a reference package if we cannot reach them by phone.*

**References:**

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

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

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

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

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

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

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

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

I give permission for staff to contact the above references in confidence.

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