



TELECARE CAMBRIDGE DISTRESS CENTRE

VOLUNTEER APPLICATION FORM (Please print)

PERSONAL INFORMATION

First name: _____

Family name: _____

Address: _____

City _____ Prov. _____ Postal Code _____

Home phone: _____

Cell Phone: _____

Email address: _____

AVAILABILITY

Are you available (please check all that apply):

Mornings

Afternoons

Evenings

POSITIONS OF INTEREST

Distress Line

Board of Directors

Fundraising

Committees or Canvassing

COMMITMENT

Can you make a one-year commitment to this program?

Yes

No

Can you commit to 4 hours a week with one shift a month on a Friday or Saturday or Sunday?

Yes

No

Can you complete the required training*?

Yes

No

OCCUPATION

Employer: _____

Title Position: _____

Description of your position: _____



Business phone: _____ May we phone you at work? Yes No

EDUCATION/TRAINING

High School Grade: _____

College: _____

University: _____

Other: _____

SKILLS

Do you speak languages other than English? Yes No

If yes, please specify: _____

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

Do you have other skills or resources, which might benefit your work as a Telecare volunteer?

VOLUNTEER EXPERIENCE

Are you presently a volunteer? Yes No

Have you had previous experience as a volunteer? Yes No

Organization: _____

Type of Work: _____

Organization: _____

Type of Work: _____

Organization: _____

Type of Work: _____



HOW

How did you hear about Telecare Cambridge?

Volunteer Centre

Road Sign

Website

Cambridge Now

Radio

Newspaper

Internet

Current Volunteers

Other? _____

MOTIVATION

Why, at this particular time in your life, have you chosen to volunteer with Telecare Cambridge?

What are your expectations in volunteering with Telecare Cambridge?

What do you hope to gain from being a volunteer?

What life experiences have you had that might be useful to you in working with the Telecare Cambridge volunteer program?



REFERENCE CHECK

We would like to contact two references. (1 Professional &/or Academic and 1 Personal)

Professional/Academic Reference

I _____ (Applicant's name) hereby authorize Telecare Cambridge to solicit a professional/academic reference, from:

Reference Name: _____ Title: _____

Telephone number: _____

in connection with my application for the position in of _____ with Telecare Cambridge, and release them from liability in regard to same.

Signature: _____

Date: _____

Personal Reference

I _____ (Applicant's name) hereby authorize Telecare Cambridge to solicit a professional/academic reference, from:

Reference Name: _____

Telephone number: _____

in connection with my application for the position in of _____ with Telecare Cambridge, and release them from liability in regard to same.

Signature: _____

Date: _____



I hereby certify that all information included in this application form is true and complete.

I understand that incomplete applications will not be considered, and that providing false information is grounds for immediate disqualification from the application process, or even immediate dismissal if the falsehood is discovered after hiring.

Signature: _____

Date: _____

Please send your completed application to:

Telecare Cambridge

Box 32074

Cambridge, ON

N3H 5C6

Note: *Personal information on this form will be used to maintain volunteer records, to make placements and compile mailing lists for fundraising events and newsletters. Questions regarding this collection of information can be forwarded to the Executive Director, Telecare Cambridge Distress Centre, Box 32074, Cambridge, ON N3H5C6. executivedirector@telecarecambridge.com*