



VOLUNTEER APPLICATION & REFERENCE FORM

I am available to volunteer... (Select (X) ALL times you are available):

Time of the day	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
Morning: 8:00am-12:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon: 12:00pm-4:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening: 4:00pm-8:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: Volunteer shifts may not necessarily be 4 hours in duration

Months I am available ... (Select (X) ALL times you are available):

<input type="checkbox"/> January	<input type="checkbox"/> February	<input type="checkbox"/> March	<input type="checkbox"/> April	<input type="checkbox"/> May	<input type="checkbox"/> June
<input type="checkbox"/> July	<input type="checkbox"/> August	<input type="checkbox"/> September	<input type="checkbox"/> October	<input type="checkbox"/> November	<input type="checkbox"/> December

What are your interests, skills, strengths and hobbies? (Choose ALL that apply)

<input type="checkbox"/> walking	<input type="checkbox"/> singing	<input type="checkbox"/> talking	<input type="checkbox"/> food/cooking	<input type="checkbox"/> arts/crafts
<input type="checkbox"/> dance	<input type="checkbox"/> data entry	<input type="checkbox"/> photocopying	<input type="checkbox"/> drawing	<input type="checkbox"/> reading
<input type="checkbox"/> making calls	<input type="checkbox"/> painting	<input type="checkbox"/> writing	<input type="checkbox"/> computer skills	<input type="checkbox"/> filing
<input type="checkbox"/> working with kids/youth/teens	<input type="checkbox"/> working with adults/seniors		<input type="checkbox"/> child minding	
<input type="checkbox"/> physical activity	Other:			

Areas, programs and workshops of interest: (choose ALL that apply)

<input type="checkbox"/> Diabetes program	<input type="checkbox"/> Information desk	<input type="checkbox"/> Traditional healing program
<input type="checkbox"/> Administration	<input type="checkbox"/> Facilitate workshop(s)	<input type="checkbox"/> Event planning
<input type="checkbox"/> Health promotion	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Communications
<input type="checkbox"/> Activities related to Francophone culture	<input type="checkbox"/> Activities related to Indigenous culture	<input type="checkbox"/> Other:

EDUCATION AND EXPERIENCE

Education – Please indicate ALL levels of education you have completed (partial completion can be placed in “Other”, ex. High School - Grade 11).

- Apprenticeship/trade school
 College
 Elementary school (up to grade 8)
 High school or equivalent
 University
 No formal education
 Other: _____

Work/Volunteer Experiences – Please share any related experience.



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Chigamik reserves the right to accept or not accept volunteer applicants. Volunteers are placed according to their interest, skills, suitability, and the needs of the centre.

Chigamik reserves the right to release a volunteer from his/her volunteer position if, in the opinion of the centre, continuance of the volunteer role could cause detriment to the centre. I understand that if I am accepted as a volunteer, I agree to abide by the policies and guidelines in place at Chigamik.

I understand that I will be required to satisfactorily serve a probationary period. I understand that false or incomplete information on this application form may disqualify me from volunteering, or result in my dismissal. I give permission for Human Resources to verify all statements made on this application. Chigamik is committed to an inclusive and accessible work environment and supports the compliance of the Accessibility for Ontarians with Disabilities Act (AODA). Chigamik requests that job and volunteer applicants requiring accommodation inform us so that suitable arrangements can be prepared to take into account the applicant's accessibility needs.

Chigamik is committed to protecting your privacy. The personal information in this form is collected in accordance with the Employment Standards Act, Occupational Health and Safety Act, and Workplace Safety and Insurance Act (co-op only) It will be used and maintained by the centre for the intended purpose of screening your application.

If you have any questions about the collection, use and disclosure of the personal information provided on this form, please contact Corporate Privacy Officer at privacy@chigamik.ca or 705-527-4154 ext. 7223.

Please return (via email hr@chigamik.ca or in person to the Human Resources Manager) your full application package including the following in order to be considered:

1. Completed Application Form
2. Two Completed Reference Forms

***Applicants under the age of majority must have a parent/guardian fill out the following:**

I am aware of and support my child/legal dependant's decision to volunteer with CSC Chigamik CHC.

Name: _____

Relationship to Applicant: _____

Telephone Number: _____

 Parent/Guardian Signature

 Date (DD/MM/YYYY)

Signature of applicant: _____

Date: _____



VOLUNTEER APPLICATION & REFERENCE FORM

Please note that references must have known the applicant for a minimum of 6 months in a **professional** (non-personal) capacity (i.e. supervisor, co-worker, coach, volunteer supervisor). Family and friends are not eligible to be references. BY SUBMITTING THIS FORM REFERENCES AGREE TO BE CONTACTED SHOULD MORE INFORMATION BE NECESSARY.

Volunteers should return this reference form with completed application. Alternately, referees may return completed references forms to hr@chigamik.ca

REFERENCE		
VOLUNTEER APPLICANT		
First Name:	Last Name:	
REFeree INFORMATION		
Name:	Organization:	
Phone:	Occupation/Title:	
Email:		
What is your relationship to the volunteer applicant (e.g. employee, coach, teacher)?		
I have known the applicant for _____ years / _____ months		
REFeree COMMENTS		
Volunteers at Chigamik are focused on providing compassionate service and support to vulnerable clients, families and visitors. In your own words, what makes the applicant a suitable candidate for volunteer service in a Community Health Centre? Please outline their strengths and areas needing improvement. Feel free to attach a separate page if needed.		
COMPETENCIES		
Please comment on how well the applicant exhibits the following characteristics of a good volunteer 1 - Very limited proof of skills/behaviours 2 - Limited evidence of skills/behaviours 3 - Acceptable proof 4 - Good evidence of skills/behaviours 5 - Superior proof of skills/behaviour U- unable to evaluate		
Competency	Rating	Comments
Initiative		
Maturity		
Reliability		
Integrity		
Client focus		
Communication		
Adaptability		
Problem Solving		
Teamwork		
Overall Rating		
SIGNATURE		
I understand that any willful misrepresentation made by me in connection with this reference will be sufficient cause for the dismissal of the applicant from Volunteer Resources.		
Signature:	Date:	



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