

Volunteer Application

		Section	A. Person	ai illiorillati	On			
Full Name:								
ruii Name.	Last			First		Initials		
	Luot			7 11 00		milaio		
Address:								
	Street Add	ress				Apartment/Unit #		
	City				Province	Postal Code		
	C. ,							
Home Phone:	Alternate Phone:							
Email:								
Age:	18-54 54	4+						
Birth Date:	<u> </u>	<u>· · · · · · · · · · · · · · · · · · · </u>						
(Optional)								
		Emerge	ncv Conta	ct Informati	ion			
			noy coma	ot miormati				
Full Name:	Loot			Firs	o#			
	Last			FIIS	Si			
Address:								
	Street Add	ress				Apartment/Unit #		
	City				Province	Postal Code		
	City				FIOVITICE	Postal Code		
D : DI			Λ.1.	, DI				
Primary Phone) :		Alter	nate Phone:				
Relationship:	_							
		Meth	od of com	munication				
D ()		Wieth	ou or com	mameanon				
Preferred Method	Phone	☐ E-Mail	☐ TTY	☐ Mail ☐	☐ In-Person (w	hen possible)		
Welliod		L IVIAII	□			men possible)		
Bulletin Pickup	-		-	-	□Yes □No			
		would you li	ike to receiv	e it?				
	∐By mail ☐I will dov	wnload from	website					
		k up at Centi						
	-							
Languages								
Languages:	Preferred				Other Lai	nguage		
					2 = ui	-99-		



Transportation								
Method of transport	Bus	☐ Car	☐ Para	Other:				
	T I .	:		l informati				
			has a direc			s for statistical and did will remain strictly		
1) Are you a per (<u>Definition:</u> A disadverse effect o	sability is	a physica	l or mental	•		☐Yes ☐No bstantial and long term es.)		
2) Are you an In (<u>Definition:</u> Indiv	_			who came t	o Canada duri	☐Yes ☐No ng the last 10 years.)		
3) Are you a Vis (<u>Definition:</u> Indiv		•	ther Caucas	sian nor abo	riginal.)	□Yes □No		
4) Are you a Fra (<u>Definition:</u> Peop French.)			cial languag	e is French a	and are capable	☐Yes ☐No e of conversing in		
5) Are you a me	mber of	the First I	Nations, Mé	etis and/or lı	nuit?	□Yes □No		
6) Are you a me (<u>Definition:</u> Lesb				-		□Yes □No		
7) Are you a Ru (<u>Definition:</u> Thos 21 (Rideau-Gou	se living i		1 (Kanata N	ord), 19 (Cur	mberland), 20	☐Yes ☐No (Osgoode), and		
	Sectio	n B: Ref	erral Sourc	e (please c	heck all that a	apply)		
☐Client ☐TGC Web Si	tο			☐Media	nity Bulletin			
Member				Friend o	•			
☐Familiar with	organiza	tion		Other				
	Section	on C: Are	a of interes		heck all that a	ipply)		
☐ In Centre☐ Dining Room	1				ommunity phone Assura	nce		
Food Prepara	ation			Frie	ndly Visiting			
☐ Administration ☐ Sales Clerk	on				ne Help cery Bus Progr	am		
Finance					er to medical a			
☐ Adult Day Pr☐ Marketing an	•	aisina						
Crafts	ia i uliuli	aisirig						
☐ Senior Centr☐ LGBTQ+ Sat			ng					





Do you have any accessibility requirements? Is there anything we need to be aware of in considering you as a volunteer/student placement?
Section E: Availability
☐Weekdays ☐Evenings ☐Weekends
Specify Days & Times: Length of Availability (months, years): Can be Contacted for:
Special Events (Christmas Bazaar, Walk of Ages, etc.)

Declaration (to be signed by all applicants)

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide truthful and complete information throughout this application process and will not withhold information that would unfavorably affect my application for a volunteer/student placement position.

Signature Date

Privacy Statement: The Good Companions respects your privacy. We protect your personal information and adhere to all legislative requirements with respect to privacy. We use your personal information to provide tax receipts and to send out mail and/or emails, quarterly to keep you informed about activities including special events, information updates, funding needs and opportunities to volunteer or give. If at any time you wish to be removed from any of these mailings, please call the Administration office at 613-236-0428 extension 2100.