

Volunteer Application

(all information will be kept confidential)

Welcome to Ontario Early Years Centre. Thank you for offering to volunteer your time and skills. The information on this form will be used to assist us in placing you in the most suitable and rewarding position and to advise you of future volunteer opportunities.

Personal Information:	Date: _____
Name: _____	
Address: _____	
City: _____	Postal Code: _____
Telephone: Home: _____	Cell: _____
Email Address: _____	
Emergency Contact Person(s):	
First Contact: _____	Phone Number: _____
Second Contact: _____	Phone Number: _____

Volunteer Information:						
I am interested in volunteering in the following area(s):						
<input type="checkbox"/>	Preparing Crafts and Activities					
<input type="checkbox"/>	Drop In Volunteer					
<input type="checkbox"/>	Administrative Volunteer					
<input type="checkbox"/>	Toy & Resources Volunteer					
<input type="checkbox"/>	Toy Washing					<input type="checkbox"/> Other
How Many Hours per week would you like to volunteer? _____						
When are you available to volunteer? Please check the times you are available.						
Time of Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	9am-12pm	9am-12pm	9am-12pm	9am-12pm	9am-12pm	N/A
Afternoon	1pm-4pm	N/A	1pm-4pm	1pm-4pm	1pm-4pm	N/A

How did you hear about the Ontario Early Years Centre – Lanark?

Why do you want to volunteer?

Educational Background: (please list your qualifications in relation to the position you are applying for)

Current Position (please state the school you are attending, if you are a student):

Previous Volunteer/work experience that is relevant to this position:

I have skills/experiences in the following: (please check and provide a brief explanation)

Working with children _____

Computers _____

Office _____

Other _____

Reference Information

Please provide at least two references of persons who are not related to you. ***These people will be contacted for reference purpose only.***

Name: _____

Address: _____

Phone Number: _____

Name: _____

Address: _____

Phone Number: _____

Name: _____

Address: _____

Phone Number: _____

Name: _____

Address: _____

Phone Number: _____

I submit this application for consideration for a volunteer position with the Ontario Early Years Centre-Lanark. I understand that I may not be selected for an interview. If I am selected for an interview this does not necessarily mean I will be accepted for a volunteer position. A successful reference check and a Community Police Check are required for my acceptance as a volunteer with this agency.

Signature of Applicant: _____

<u>Office Use Only</u>
Date application received: _____
The following has been <u>provided</u> :
<input type="checkbox"/> Criminal Reference Check & Copy of Identification
<input type="checkbox"/> Oath of Confidentiality (discussed and signed)
<input type="checkbox"/> Behaviour Management Policy (discussed and signed)
<input type="checkbox"/> Volunteer Contract (discussed and signed)

Please submit your Volunteer Application form to:

**Ontario Early Years Centre
91 Cornelia Street West, Suite 118
Smiths Falls, ON
K7A 5L3**

Fax: 613-283-3324