

Kawartha~Haliburton Children's Aid Society

Application for Volunteer

Surname _____ First _____ Middle _____

Social Insurance Number: _____

Are you between the ages of 18 & 65? _____

Home Address: _____ Postal Code: _____

Business Name & Address: _____

_____ Postal Code: _____

Telephone: _____
Home _____ Business _____

Occupation: _____

Do you drive? _____ Have you a car available? _____

Do you have a valid Ontario Driving License? _____

What amount of liability insurance do you carry? _____

What, if any, driving convictions have you had over the past two years? _____

Have you ever been convicted of a criminal offence for which a pardon has not been granted?

Education: _____

Special Courses: _____

Employment Experience: _____

Volunteer Experience: _____

Special Skills, interests or hobbies: _____

How did you learn of the KHCAS volunteer opportunities? _____

Have you had any previous contact with a Children's Aid Society? _____

Why do you want to volunteer? _____

What kind of volunteer services are you interested in providing? _____

What age group would you like to work with? Adult Child Teenager

Do you hope to work individually or in a group? _____

Time availability: _____

Are you able to commit to volunteering for: 6 months 1 year Other

References Required:

Names, addresses and telephone numbers of two references, other than family members.

1) _____

2) _____

***** All references will be checked***

I agree to treat all information given to me regarding children and their families as strictly confidential.

At the Agency's discretion, a volunteer may be asked to withdraw services.

Date: _____

Signature: _____