

## Volunteer Application

Ms. / Mrs. / Mr.

name

address

city / province / postal code

email

home phone

work phone

date of birth (date/month/year)

Do you have voicemail or answering machine? Y or N

Are you required to volunteer through Ontario Works Program? Y or N

\* Please note we do not accept applicants fulfilling Community Service hour requirements.

How did you hear about Mid-Toronto Community Services' Volunteer Program?

\*Two references are needed to process your application

### Reference #1 (Professional/Character - please no family members)

name

phone number

relationship

### Reference #2

name

phone number

relationship

### Position Applied For:

Adult Day Program

Telephone Reassurance

Other (please indicate)

Meals on Wheels Driver

Meals on Wheels Runner

Do you have a car? Y or N

Days/times available:

### Mid-Toronto Community Services

mail: 192 Carlton Street, second floor, Toronto, Ontario M5A 2K8 fax: 416.962.5541

email: volunteer@mid-toronto.com tel: 416.962.9449

## Background Information

employment experience

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volunteer experience

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language(s) spoken

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hobbies

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Do you have any special needs?

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## Emergency Contact Person

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name

phone number

relationship

I in making this application I hereby give permission to Mid-Toronto Community Services Volunteer Department to contact the persons named as references and also to make inquiries to ascertain my suitability as a volunteer.

I understand that in the course of carrying out my duties I will be dealing with information that is confidential. This includes information about Mid-Toronto Community services, as well as clients and/or staff.

I hereby agree to hold such information confidential and, except when legally required, I will not disclose or release the information to any person at any time.

I agree to inform Mid-Toronto Community Services of any criminal infractions, which compromise my suitability to perform my volunteer duties.

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signature

## For Drivers Only

I agree to inform Mid-Toronto Community Services of any changes to my automobile insurance and licensing, which compromise my suitability to perform my volunteer duties. I am aware that Mid-Toronto Community Services' vehicle insurance does not replace my own vehicle insurance while I am performing my own duties using my own vehicle.

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drivers license number and expiry date

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insurance (company/policy)

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signature