

## Safe Space Property Management Inc. VOLUNTEER APPLICATION FORM

| Personal / contact details:   |          |               |  |
|---|----------|---------------|--|
| Name  |          |               |  |
| D.O.B.  | / /      |               |  |
| Address   |          |               |  |
| Phone 1   |          |               |  |
| Email address   |          |               |  |
| Emergency Contact Details:  |          |               |  |
| Name:   | Relatio  | nship to you: |  |
| Phone 1:  | Phone 2: |               |  |
| What school are you currently attending?  |          |               |  |
| What is your major and how far into your program are you?   |          |               |  |
| '   |          |               |  |
| <b>Student referral:</b> Please provide the name and contact details of at least one teacher or professor who can provide a recommendation for you: |          |               |  |
| Name:   | Phone1:  | Phone2:       |  |
| Relationship to you:  |          |               |  |
| Name:   | Phone1:  | Phone2:       |  |
| Relationship to you:  |          |               |  |

| <b>Experience and qualifications.</b> Please provide details of experience relevant to this role  |       |  |
|---|-------|--|
| Please elaborate on these experiences in the space below:   |       |  |
|   |       |  |
| Languages spoken  |       |  |
| Other voluntary work  |       |  |
| Hobbies / Interests   |       |  |
| Why are you interested in shadowing or volunteering with SSPM?  |       |  |
|   |       |  |
| Where did you hear about this program?  |       |  |
|   |       |  |
|   |       |  |
| Personal Information:   |       |  |
|   |       |  |
| Privacy & Confidentiality statement:  |       |  |
| The personal information on this form is being collected for the purpose of selecting volunteers wishing to volunteer/shadow with Safe Space Property Management (SSPM). The information may also be required for evaluation purposes. Any evaluation reports developed will not identify individual volunteers by name. This information may be shared with partner organizations and/or funding bodies. |       |  |
| By signing this form, I attest that the information supplied is true and accurate. I also attest that I will keep all program participant information and disclosures confidential will not share this information without the explicit, written permission of program participants and the Chief Executive Officer of Safe Space Property Management Inc.  |       |  |
| I understand that submitting this application form does not automatically guarantee volunteer/shadowing hours with Safe Space Property Management (SSPM). There is a selection process that includes a reference check from one of my teachers/professors.  |       |  |
| Signature:  |       |  |
| Name:   | Date: |  |

Safe Space Property Management is committed to the safety & wellbeing of all program participants accessing our services. We also support the rights and wellbeing of our staff and volunteers & encourage their active participation in building and maintaining a secure environment for all participants.