

Date: \_\_\_\_\_ **VOLUNTEER APPLICATION FORM** (amended Feb 2020)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_  Home  Work  Mobile

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Language Spoken:  English  French  Cantonese  Spanish  
 Other (please specify) \_\_\_\_\_

How many hours do you feel you can reasonably Volunteer? Week \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

What hours/days are you available? \_\_\_\_\_

Current Employer: \_\_\_\_\_

Do you have a valid Driver's License? \_\_\_\_\_

1. Why do you want to be a volunteer for the John Howard Society of Brandon? \_\_\_\_\_

\_\_\_\_\_

2. Have you any academic or other qualifications or experience which you feel you could utilize as a volunteer?

Please specify. \_\_\_\_\_

\_\_\_\_\_

3. Have you ever received service from or volunteered with any John Howard Society within the last (5) five years? Yes \_\_\_ No \_\_\_ (If yes, please specify) \_\_\_\_\_

\_\_\_\_\_

4. Have you ever been convicted of an offence of which you have not been granted a pardon?

Yes \_\_\_ No \_\_\_

5. Please mark which program(s) you would prefer to volunteer with:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Fundraising                | <input type="checkbox"/> Program Facilitation        | <input type="checkbox"/> Board of Directors   |
| <input type="checkbox"/> Computer Support           | <input type="checkbox"/> Men's Resource Centre       | <input type="checkbox"/> Inmate Reintegration |
| <input type="checkbox"/> Worksite Liaison (CSO/FOP) | <input type="checkbox"/> Community Justice Committee | <input type="checkbox"/> Administrative       |

6. Are you computer literate? If yes, what software do you have working knowledge of?

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