

Volunteer Application Form

Thank you for your interest in volunteering with LASA (*Living Access Support Alliance*). Volunteers play a vital role in our community, especially with LASA. All volunteer applications are reviewed with consideration of current volunteer opportunities. The information you provide will be stored in confidence under the provisions of the Data Protection Act. Your completed form will be held securely and confidentially. Only authorized staff will have access to your information.

Personal Details

Name: _____ Mr. ☐ Mrs. ☐ Miss. ☐ Ms. ☐

Address: _____

Telephone: (Home) _____ (Mobile) _____

E-Mail: _____ Birthdate: _____
Day / Month / Year

Emergency Contact Information

Name: _____ Relationship: _____

Telephone: (Home) _____ (Mobile) _____

Equal Opportunities

LASA is committed to equal opportunities and all volunteer recruitment decisions will be based on merit, suitability for the role and experience. All volunteer recruitment decisions will not be influenced by race, color, nationality, religion, sex, marital status, family status, sexual orientation, disability, or age LASA fully endorses a working environment free from discrimination and harassment.

Have you ever been convicted of an offense/violation of the law in the past seven years?

Yes ☐ No ☐ (This does not preclude you from volunteer work)

If yes, please provide details below

Your Skills and Interests

1. Have you ever done volunteer work before? Yes ☐ No ☐

If yes, please tell us a little about the experience.

2. Do you have any particular skills or qualities that you could use in your voluntary work? _____

3. Do you have a physical condition that will limit your activities? Yes ☐ No ☐

If yes, please describe _____

4. What kind of volunteer work interests you?

- | | | |
|--------------------------------------|---|--|
| ☐ LASA Board | ☐ Special Events | ☐ Administrative/Clerical |
| ☐ Fundraising | ☐ Story time/arts & crafts with children | ☐ Housekeeping |
| ☐ Computers | ☐ Grounds Keeping/Gardening | ☐ Other _____ |

5. When are you available? ☐ Totally Flexible

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

6. How long do you intend to volunteer? _____
(Note: Some opportunities demand a minimum time commitment, i.e. Board level roles)

7. How did you find out about volunteering with LASA?

References

Please list three persons we may call who are NOT family, one of whom may be your religious or spiritual leader, teacher, or employer.

Name _____ Phone _____
Address _____ Email _____
Relationship _____

Name _____ Phone _____
Address _____ Email _____
Relationship _____

Name _____ Phone _____
Address _____ Email _____
Relationship _____

Is there any additional information that you would like to bring to our attention? _____

I declare that the information I have provided is true. All my actions as a volunteer will reflect the ethos of LASA.

Signed _____ Date _____

For office use only	Notes
Volunteer Position _____	
Volunteer Interview _____	
Volunteer Job Description sent _____	
References Collected _____	
Volunteer Start Date _____	