



## VOLUNTEER APPLICATION FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ (Residence) \_\_\_\_\_ (Work) EMAIL: \_\_\_\_\_

Are you or your children currently participating in programs at the Centre.  Yes  No

### On Site Volunteering *(childcare may be available)*

Please indicate the area(s) you would like to assist with:

- Office Volunteer       Cozy Reading       Drop-in Program       Clothing Store  
(adults & children)

Do you require childcare services from the Oakville Parent-Child Centre while you are volunteering?

Yes  No      Ages of Children: \_\_\_\_\_

Please indicate the days and times you are available to volunteer. (Hours are flexible)

	Morning 9:00 – 12:00 p.m.	Afternoon 1:00 – 4:00 p.m.
Monday	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	

### Virtual Volunteering *(ways you can help from the comfort of your home)*

Please indicate if you have experience in any of the following areas:

- Web development       Graphic Design       Translations  
 Research       Professional Advisor *(legal, financial or management expertise)*       Proofreading  
 Generating Sponsor Support\*       E-mentoring       Database Management

*\*use your sales, marketing and negotiation skills to get sponsorships, support & alliances*

## Special Events Volunteering

Please indicate if you are interested in any of the following areas:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> <b>Ticket Sales</b>           | <input type="checkbox"/> <b>Secure Items</b><br><i>auction, door prizes, etc.</i>                                      | <input type="checkbox"/> <b>Donate</b><br><i>auction item or door prize</i> |
| <input type="checkbox"/> <b>Assistance with Events</b> | <input type="checkbox"/> <b>Staff Events</b><br><i>staff Centre's display at Community Day events, Homeshows, etc.</i> |   |

## Other Talents & Skills

Please share with us \_\_\_\_\_

In point form please describe any related experience and/or interests at the Oakville Parent-Child Centre.

---

---

---

Please list the names of two individuals that could be contacted for a reference (*excluding family members*).

Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Please list a contact in the event of an emergency while you are volunteering with the Oakville Parent-Child Centre.

Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

I am aware that a satisfactory criminal reference check, at my expense, is required by the Oakville Parent-Child Centre.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only

Date Interviewed: \_\_\_\_\_ Interviewer: \_\_\_\_\_

Criminal Reference Check Received: \_\_\_\_\_ Resume Submitted: \_\_\_\_\_

Reference Check Completed: \_\_\_\_\_ Waived: \_\_\_\_\_

Placement: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Terminated: \_\_\_\_\_

**Please forward to:**

Kathy Percival  
Oakville Parent-Child Centre  
461 North Service Road W., Oakville, Ontario L6M 2V5  
(905) 849-6366 ext.#24