



## VOLUNTEER APPLICATION FORM

### PERSONAL INFORMATION

Surname		Given Name						
Country of Birth		Date of Birth			Gender		M	F
Current Address								
Email			Phone			Mobile		
Interests & Hobbies								
Languages Spoken								
Reasons for Volunteering								
Availability	Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Time							
Emergency Contact	Name				Relationship			
	Address					Phone		

### PROFESSIONAL HISTORY

Previous Volunteering Experience								
Training & Certificates								
Working With Children YES / NO			First Aid Training YES / NO			Food Handling YES / NO		
Referees	Name				Organisation			
	Email				Phone			
	Name				Organisation			
	Email				Phone			

Please tick the program/s you are interested in volunteering at:

Senior Services	Home visiting, hospitality, craft activities and other Seniors events	
Heart Space	Assist with monitoring visitors at our drop-in centre	
Homework Club	Become a student tutor	
Migrant English Program	Become an English tutor	
Administration	Assist at reception	
Events & Fundraising	Assist at events and with fundraising activities	
Comments		



## VOLUNTEER AGREEMENT

1. I agree to perform my duties to the best of my ability and accept that I am not expected to work outside of these guidelines.
2. I agree, as far as possible, to make a commitment of three months to the \_\_\_\_\_ program.
3. I understand that I need to contact the Program Coordinator as soon as I know I am able or unable to work on a particular day.
4. I realise that my ideas and experiences are important in the area in which I volunteer and for the further development of the volunteer program, therefore, I will communicate my ideas and experiences with my Coordinator.
5. I understand that should an accident occur while in my capacity as a volunteer at BRMC, I am covered by insurance.
6. I agree to abide by the established rules in respect to "Confidentiality".
7. I have read and understand my "Rights and Responsibilities" as a volunteer at BRMC.
8. I will notify the Program Coordinator of my resignation.
9. If there is dissatisfaction on either side, this agreement can be terminated following consultation with both parties.

Volunteer's signature \_\_\_\_\_ Date \_\_\_\_\_

Coordinator \_\_\_\_\_ Signature \_\_\_\_\_