

# Women's Habitat Volunteer Application Form

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

Name: \_\_\_\_\_ Birth Date: Day \_\_\_\_ Month \_\_\_\_

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

City: \_\_\_\_\_

Area/ Major Intersection: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Method of Contact: \_\_\_\_\_

In case of emergency, who should we call? \_\_\_\_\_

Number \_\_\_\_\_ Relationship \_\_\_\_\_

Are you over the age of 16? \_\_\_\_\_

If not, please have your guardian sign the following:

Relationship to applicant \_\_\_\_\_

I, \_\_\_\_\_ (guardian's name) understand and authorize a representative from Women's Habitat to contact \_\_\_\_\_ (child's name) for future volunteer opportunities and updates on our agency.

I \_\_\_\_\_ (guardian's name) allow my child \_\_\_\_\_ to volunteer at Women's Habitat

\_\_\_\_\_  
Name of Guardian

\_\_\_\_\_  
Signature of Guardian

---

## Life Experiences

Why have you chosen Women's Habitat for volunteering?

\_\_\_\_\_

What life or work experiences would you bring to Women's Habitat?

\_\_\_\_\_

**Availability**

How many hours per week/ month would you like to volunteer? \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Availability:	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Morn							
Aft							
Eve							

Please indicate your program of interest:

Check all that apply	Programs	Hours
	Office Admin	Weekdays
	Child’s Program/Minding	Weekdays 1-9 or as arranged
	Accompaniment Volunteer	Varies, as clients require
	Kitchen Support Volunteer	Weekdays 1-5 or as arranged
	Community Events	Varies
	Fundraising	Monthly meetings+events
	Board Member	Monthly meetings+events
	Other	

**References:**

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

**Position:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

In recognition of the trust and safety inherent in serving children and adults and to fulfill the requirements of the Ministry of Community and Social Services, I hereby give permission to Women’s Habitat of Etobicoke to check the references provided and to conduct a criminal and/ or mental health record check. I verify that the information provided in the application is true and accurate.

I understand that volunteer work may include a broad variety of activities and as such, I also understand that I can exercise my rights under the human rights code to refuse a task that I choose not to undertake. I also understand that Women’s Habitat cannot and will not assume liability for any injuries that may occur in the duration of a volunteer’s activity and or on the property belonging to Women’s Habitat of Etobicoke. I understand that I am responsible for securing all appropriate medical insurance coverage.

I fully understand the information above and give consent for a representative from Women’s Habitat to use the information on this form to contact the above references and myself for future events and volunteer opportunities.

\_\_\_\_\_  
Volunteer Name (print)

\_\_\_\_\_  
Witness Name (print)

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Witness Name Signed