



FAMILY & CHILDREN'S SERVICES OF LEEDS & GRENVILLE

Operated by the Children's Aid Society of Leeds and Grenville

VOLUNTEER APPLICATION

Thank you for your interest in contributing your time and skills to Family and Children's Services of Leeds and Grenville. Please return this form to the Community Resource Worker by drop off/mail/fax to: **Community Resource Worker, Family and Children's Services of Leeds and Grenville, 438 Laurier Blvd., Brockville, ON, K6V 6C5 Fax: 498-2109**

Based on the Society's needs, volunteer opportunities may exist in the following areas:

- Mentoring
- Supervised Visits
- Fundraising and Seasonal Events
- Drivers
- Life Book Volunteers
- Homework Helper

For a listing of our current volunteer opportunities, please visit www.volunteerleedsgrenville.com or the Volunteers Opportunity board at www.casbrock.com.

Specific Volunteer Interest: _____

Name: _____ Birth Date: _____

Phone: (H) _____ (W) _____ Fax: _____

Address: _____

Apt#

Number and Street/PO Box

City/Town

Province

Postal Code

Email: _____

Emergency Contact/s: _____

Name

Phone (H)

Phone (W)

Availability (when you are available to volunteer):

- Morning
- Afternoon
- Evening
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

Best Time to Contact:

- Morning
- Afternoon
- Evening
- Weekends

Location Choice (where you would prefer to volunteer):

- Brockville Athens Gananoque Prescott Cardinal
 Kemptville Other (please specify) _____

Please list special skills, hobbies, certifications, degrees: _____

Please list your present and previous experience in the work force (paid and unpaid): _____

Have you previously volunteered with or have been involved with Family and Children's Services? If yes, when and how were you involved? _____

For your protection, do you have any health limitations of which we should be aware?

- Yes No If yes, please explain: _____

Do you have a valid Ontario Driver's License? Yes No

Have you been convicted of a criminal offence for which you have not received a pardon?

- Yes No

How did you hear about volunteering with Family and Children's Services? _____

Please be aware that volunteer positions at Family and Children's Services require a Criminal Record Check and a Driver's Record Check, the cost of which will be covered by FCS. An application for a Criminal Record Check must be completed by you. Two references will also be required. Should you wish to become a volunteer driver, a medical clearance is also required.

I have completed this application honestly and as fully as possible. I understand that volunteers are chosen and placed at the discretion of the Society. I agree to attend the required training session(s) and any other workshops deemed necessary.

I understand Family and Children's Services will be collecting, creating, using and disclosing my personal information for the purpose of establishing and managing a volunteer relationship. I consent to Family and Children's Services doing so and I consent to the collection and use of my personal information in order to ensure the safety of children, families and staff involved with Family and Children's Services and to inform me or programs and services.

Signature of Applicant Day/Month/Year

For Society Use

Received by: _____ Date: _____
Original: Volunteer Personnel File