



Volunteer Application

Contact Information

Name

Street Address

City, Prov., Postal Code

Home Phone

Work Phone

E-Mail Address

Occupation

Date of Birth (mm/dd/yy)

If Student, please complete the following

Name of Parent/Guardian

Street Address

City, Prov., Postal Code

Phone Number

Name of school & address

Principal / Teacher's Name

Grade

Availability

During which hours are you available for volunteer assignments?

Weekday mornings

Weekend mornings

Weekday afternoons

Weekend afternoons

Weekday evenings

Weekend evenings

Interests

Tell us in which areas you are interested in volunteering.

Office Administration

Translation Services

Public Speaking

Events

Information Display / PR

School Ambassador Program

Website

Newsletter production

Other (Please specify)

Fundraising

Volunteer coordination

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Are you willing to meet for approximately two hours per month, on a Crime Stoppers committee?

Yes No

Why are you interested in serving on a committee for Crime stoppers of Halton?

Are you willing and able to maintain confidentiality of Crime Stoppers case information and records? Yes No

Have you ever been convicted of a criminal offence? Yes No

Before becoming a volunteer, candidates must obtain a yearly police check which can be facilitated by Crime Stoppers.

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Do you currently have a Smart Serve designation? Yes No

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Previous Volunteer Experience

Summarize your previous volunteer experience.

Person to Notify in Case of Emergency

Name _____

Street Address _____

City, Prov., Postal Code _____

Home Phone _____

Work Phone _____

E-Mail Address _____

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed) _____

Signature _____

Date _____

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, colour, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

Signing of this form is authorization for the Police to conduct a Criminal Records Check.

Signed _____

Date _____