

Volunteer Application Form

Please note volunteers must be at least 16 years of age.

**Return form by: Scanning and Emailing to: volunteer@ldsa.ca or by mail to LDSA, PO BOX 52022 Commissioners RO, London, Ontario N6C 0A1
 P: 519-719-8619**

DATE: _____
 (mm / dd / yyyy)

1. Personal Information: (please print)

Last Name: _____ First Name: _____

Home Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

2. Emergency Contact

Name: _____ Relationship: _____

Phone: _____ Mobile: _____ Work: _____

3. Education

School	Name of School or Course of Study	Completed/Currently Attending
High School		Yes / No
Post-Secondary		Yes / No
Other		Yes / No
Special Training or Skills Received:		

4. Employment History

Employer	Job Title	From	To

Current Employment Status: Full-Time Part-Time Student Retired Unemployed

5. Volunteer Experience

Organization	Your Role	From	To

6. Affiliations (optional) e.g. professional associations, social & service clubs, fraternities, etc.

7. Availability

Please mark with a (✓) the days/time you are available to volunteer

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

How often would you like to volunteer?
(Example: weekly, bi-weekly, monthly, special events)

Indicate any extended periods during the year when you are unavailable to volunteer:

Please list any tasks or situations you may not wish to participate in while volunteering with LDSA:

8. Volunteer Opportunities

Please check all areas of interest for volunteering.

- clerical
 data entry
 special events
 communications
 public programs
 media relations
 other: _____

9. Please indicate the skills and experience you would bring to your volunteer role:

- fundraising
 event planning/committee work
 driving
 public speaking

 writing/editing business/administration
 communications/media relations
 web site
 volunteer development/coordination
 languages spoken: _____
 other: _____

10. What are your reasons for volunteering?

- for academic credit
 to learn new skills
 for social interaction
 to gain employment skills
 to share my skills
 to stay active
 to support the cause
 Community hours
 other: _____

11. Please list one references, past or present employers, teachers, volunteer supervisors, and a personal reference that we may contact.

Name	Relationship	Phone	Email



Charitable BN: 86694 2493 RR 0001

I hereby authorize **LDSA** to contact the above named references to establish my suitability as a volunteer and I hereby release them and their company from all liability for any damage for issuing the same. I further authorize **LDSA** to maintain this information in their records and absolve them from liability. Disclaimer: It is the policy of **LDSA** to screen all prospective volunteers. While we try to place every applicant, we reserve the right to select applicants according to our needs and criteria. Only authorized **LDSA** staff/volunteers access this information. At all times, the privacy and dignity of clients, donors, volunteers and staff will be respected, and the mission, vision and values of **LDSA** will be followed in accordance with **LDSA's** policies, standards and guidelines. As a volunteer of **LDSA**, you may have access to information and documents relating to clients, donors, volunteers and staff that are private and confidential in nature.

All client records are the property of **LDSA** and will be treated as confidential material; reasonable care and caution should be exercised to protect and maintain total confidentiality. No person shall read records or discuss such information unless there is a legitimate purpose. Client interactions shall not be discussed with people outside **LSDA**, including immediate family members, throughout and beyond tenure with **LDSA**. Neither volunteers nor staff will give medical advice (including comments and suggestions that personalize medical information and influence treatment decisions), but may give information about Down Syndrome consisting of facts available to anyone seeking general knowledge about Down Syndrome.

I acknowledge that the information provided in this form is true and accurate. I have read, understand, and will abide by the agreement above.

Signature of Applicant _____

Date _____

Parental Consent (for those under 18 years of age)

I give _____ my consent to work as a volunteer at **LDSA**.

Parent's Signature _____

Date _____

Sharing Personal Information

I authorize **LDSA** to publish my name in: Annual Report/Website: No Yes

<p>For Office Use Only</p> <p>Date received _____</p> <p>Date interviewed _____ BY LDSA: _____</p> <p>Police check completed: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Additional Information:</p>
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