

Volunteer Application



Program of Interest: Adult High School Student University/College

Demographics: 16 to 17 18 to 25 26 to 35 36 to 45 46 to 55 56 to 64 65+

Site Preference: Mississauga
West Toronto

General Information

Date of Application:	M/	D/	Y/
Date of Birth: (Optional)	M/	D/	Y/
Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms. <input type="checkbox"/>
Sex:	M <input type="checkbox"/>	F <input type="checkbox"/>	
Name: (Last)	(First)	(Middle Initials)	
Address:	Apt./Unit #:		
City:	Province:	Postal Code:	
Home Phone: ()	Business Phone: ()		
Pager/Cell: ()	E-mail:		
Languages Spoken other than English:			

Emergency Contact and Guardian Information

Name:	
Home Phone: ()	Business Phone: ()
Do you have health concerns/special needs which may impact your ability to perform your volunteer role? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain.	
Are you legally entitled to work in Canada? Yes <input type="checkbox"/> No <input type="checkbox"/> Please explain.	
Parent's signature (if under 18 years of age):	

Work/Education Experience

Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/> Full time <input type="checkbox"/> Part-time <input type="checkbox"/>	
Company:	Title:
Transferable Skills:	
Are you currently attending school? Yes <input type="checkbox"/> No <input type="checkbox"/> Full time <input type="checkbox"/> Part-time <input type="checkbox"/>	
High school/University/College:	
Program/Grade level:	
Certification/Diploma/Degrees obtained:	

Volunteer Experience

Previous volunteer experience: Yes <input type="checkbox"/> No <input type="checkbox"/>
Organization(s):
Description of tasks/accomplishments:
What did you enjoy most about your volunteer experience?

<p>Reason for volunteering:</p> <p>Desire to help others <input type="checkbox"/></p> <p>Experience in health care career <input type="checkbox"/></p> <p>Interest in community involvement <input type="checkbox"/></p> <p>Workfare/Mandated Community Service <input type="checkbox"/></p> <p>School Graduation Requirement <input type="checkbox"/></p> <p>Other (please describe) <input type="checkbox"/></p>	<p>How did you hear about volunteering at Trillium?</p> <p>Newspaper <input type="checkbox"/></p> <p>Television <input type="checkbox"/></p> <p>Volunteer Referral <input type="checkbox"/></p> <p>Hospital Staff Referral <input type="checkbox"/></p> <p>Family/Friend Referral <input type="checkbox"/></p> <p>School <input type="checkbox"/></p> <p>Coop <input type="checkbox"/></p> <p>Volunteer Centre <input type="checkbox"/></p> <p>Website <input type="checkbox"/></p> <p>Other (please describe) <input type="checkbox"/></p>
---	--

Interest and Availability

Please check all that you are interested in:

Patient Care Administrative/Clerical Retail Way Finding/Hospitality

Other _____

Check all that apply

Shift/Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM (9 to 12pm)							
PM (12 – 4 pm)							
Evening(4-6pm)							
Late(6-10pm)							

Trillium Volunteer Process

- Due to the volume of applications received **we are not able** to contact or place everyone who applies.
- Appropriate fit, interests, flexible availability and references are the key criteria we use when selecting applicants
- The commitment is a minimum of 6 months or 50 hours of service
- Applicants who are successful will be contacted by email or phone to arrange for an interview.
- If you have not been invited for an interview within a three month period please re-submit your application.
- All applicants must submit or be in the process of submitting two completed reference forms.
- Trillium also requires that all volunteers complete a two step TB test or chest X-ray as well as have verification for Mumps, Measles, Rubella, and Varicella (chicken pox) immunization. (Forms can be downloaded from the website)

It is at the discretion of the applicant to complete these steps to be considered for a position. Completing these steps **does not** guarantee placement.

I _____ hereby agree that I have read and understood the above information. All personal and background information provided is true and accurate.

Signature: _____

Date: _____