

## **VOLUNTEER APPLICATION FORM**

At Events for Life (EFL), we are so grateful for our volunteers! They are an essential element to the success of our programs and part of our EFL family. We are always looking for new volunteers who can helps us in various capacities. It may be helping us by interacting with the participants who need support with the daily tasks, driving our vans to help transport participants to activities in the community, maybe you have a specialty you can facilitate like sewing or making crafts. Sometimes we need help in the office, working in our gardens or helping at one of our special events. The possibilities are endless!!

If you are interested in helping us, please complete this form and either email it to us or drop it off at the Centre in Thornbury.

Name:	Date:		
	Print First and Last Name		dd/mm/yyyy
Address:			
	City and Postal Code		<del></del>
Email address:			
Cell phone Num	ber:		
Where did you l	live before moving to this area? (if appli	icable):	
•	previous work experience and role befo		•
Please list any s	pecial training, skills and/or hobbies tha	at you could bring to	EFL:

Please list any groups, clubs or organizations that you have been associated with:			
Please list any Service:	relevant volunteer experience. Include the organization's name and dates of		
What experie	nces have you had that may prepare you to work as a volunteer for Events for Life?		
Why do you w	vant to volunteer with EFL and what would you like to gain from this volunteer experience?		
•	ctivities take place within the community which may be a maximum of 5 km's from the		
Sometimes we	as two passenger vans to transport the participants and we often need extra drivers. e need volunteers to transport participants in their own vehicles as well.		
	driver's license? Yes No willing to transport participants in your vehicle? Yes No		
If yes, you nee	ed a minimum of \$2M insurance. Best to notify your insurance company to see if you are plunteer work. EFL has additional coverage for use of personal vehicles.		
Would you lik	e to be one of our volunteers who transport participants in our vans: YesNO		
EVENTS FOR I	LIFE INFORMATION		
WEBSITE:	www.eventsfor.life		
EMAIL:	info@eventsfor.life		

PHONE:

519-270-1538

## **REFERENCES**

Please list 3 people who know you well and can atte	st to your character, skills and			
dependability. If applicable, please include your curr	ent or last employer.			
Reference #1:				
Name and Organization:				
Contact phone number:				
Reference #2:				
Name and Organization:				
Contact phone number:	_			
Reference #3:				
Name and Organization:				
Contact phone number:				
PLEASE READ THE FOLLOWING CAREFULLY BEFORE SUBMITTING THIS APPLICATION:  I understand that this is an application for and not a commitment or promise for a volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in an interview with Events for Life Centre Inc. that are true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavourably affect my application for a volunteer position. I understand that information contained on my application will be verified by Events for Life Centre Inc. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Events for Life Centre Inc or my termination as a volunteer. Before starting to volunteer, a current police check must be completed.				
Print your full name:	Signature:			
FOR OFFICE USE:				
Application Received by:	Date:			
Volunteer Contacted by:	Date:			