



SPRINT Volunteer Application Form

Date: _____

Personal Information

LAST Name: _____ FIRST Name: _____

Address: _____ City: _____ Postal Code: _____

Home Phone: _____ Alternate Phone: _____

Email: _____ Languages spoken: _____

Volunteer Profile

Current Occupation: _____ Education: _____

Hobbies and Interests: _____

Volunteer Opportunities

1) What skills are you hoping to share with SPRINT in a volunteer role?

2) Is there a volunteer position you are most interested in applying for?

- Delivering Meals on Wheels
- Visiting an isolated senior in her/his home
- Serving meals to seniors in a community setting
- Helping SPRINT office staff with clerical work
- Telephoning an isolated senior to check that all is well
- Driving seniors to medical appointments or shopping, SPRINT programs.
- Sharing your talents - painting, carpentry, playing a musical instrument, singing, conducting a discussion group, etc.
- Other

3) Please explain why you are well suited for this position.

4) **Commitment:** Most volunteer positions require a minimum time commitment.

- I am able to commit to volunteer for ___ months (number of months)

5) Will you be available at a **short notice**, one day in advance? Y/N

See Over⇒

6) Do you have any known allergies (e.g. any food item / cleaning products/ any drug allergies)? Specify, if 'Yes' _____

7) **Availability:** Please mark (X) all times you are available and star (**) your preferred day/time.

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

8) Some of our volunteer positions have a minimum age requirement.

- I am over 18 years of age: No Yes

9) Have you been convicted of an offence for which no pardon has been granted?

- No Yes

10) How did you hear about SPRINT's volunteer opportunities?

- Newspaper Volunteer Toronto Ontario Works SPRINT Banner
- Charity Village Friend or Family SPRINT Website
- Other (Please specify) _____

Emergency Contact

Name: _____ Relationship: _____

Phone: _____ Alternate Phone: _____

References: **volunteer, employment, professional or school references accepted**
(no friends or family members please)

1) Name: _____ Relationship: _____

Daytime Phone: _____ Email: _____

2) Name: _____ Relationship: _____

Daytime Phone: _____ Email: _____

3) Name: _____ Relationship: _____

Daytime Phone: _____ Email: _____

By signing below you are verifying that the information provided is true and complete. You give us permission to obtain personal information from your listed references. You also agree to follow SPRINT's policies and procedures for volunteers. False statements and omissions are grounds to terminate the volunteer relationship.

Signature: _____ Date: _____

For Office Use Only:

- Yes No **Parent/Guardian Consent Form** Yes No **Volunteer Driver Commitment Form**

SPRINT collects your personal information for the purpose of determining candidate qualifications for volunteer opportunities. Only authorized staff and volunteers have access to this information and it will not be shared with any outside organizations.

For Office Use Only:

Yes No **Parent/Guardian Consent Form**

Yes No **Volunteer Driver Commitment Form**