

PERSONAL INFORMATION

(Please Print)

Last Name:		First Name:	
Address:		Telephone (Home):	
		Telephone (Business):	
City:	Province:	Postal Code:	Birth Year:
Email Address:		Emergency Contact:	
		Name:	
		Telephone:	
How did you hear about St. Leonard's Community Services London & Region:			
<input type="checkbox"/> School <input type="checkbox"/> Police <input type="checkbox"/> Current/Former Volunteer <input type="checkbox"/> Conference/Workshop <input type="checkbox"/> Internet/Website			

SKILLS

Languages:	Education:	Special Training/Certifications:		
Occupation (Present):	Hobbies/Interests:			
Preferred Times Available		Preferred Volunteer Area (indicate your preference)		
	Morning	Afternoon	Evening	<input type="checkbox"/> Youth Justice Committee Program <input type="checkbox"/> Adult Community Programs <input type="checkbox"/> Life Skills and Education Programs <input type="checkbox"/> School Based Services <input type="checkbox"/> Attendance Centre <input type="checkbox"/> Residential Services <input type="checkbox"/> Community Fairs/Community Education <input type="checkbox"/> Other: _____
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
Reasons for Volunteering: _____				

Previous Volunteer Experience: _____				

Have you ever been a victim of crime? ___ Yes ___ No				
Do you have a former relationship with St. Leonard's London or an affiliate:				
___ Yes ___ No. Explain: _____				
Are you willing to commit to one year of service? ___ Yes ___ No				

REFERENCES

Please list the names of people who have known you well, for at least one year, and can provide a character reference. A relative, spouse or equivalent **cannot** be accepted as a reference.

Name: _____	Name: _____
Address: _____	Address: _____
City/Prov: _____ Postal Code: _____	City/Prov: _____ Postal Code: _____
Telephone: _____ Alt: _____	Telephone: _____ Alt: _____

CONFIDENTIALITY AND RELEASE:

Any information received during my volunteer period concerning the personal, financial or other private affairs of clients of the St. Leonard's Community Services London & Region will be treated by me in strict confidence and will not be divulged. I also understand that the information that I have provided in this Application to volunteer may be verified by St. Leonard's Community Services London & Region. I hereby grant permission to St. Leonard's Community Services London & Region to contact any persons who might be able to verify the information.

PRIVACY AND SCREENING STATEMENT:

St. Leonard's Community Services London & Region has privacy policies established with respect to the collection, use, disclosure, and retention of personal information. St. Leonard's Community Services London & Region does not trade, sell or otherwise share personal information with others. This information is securely stored and retention of your personal information is defined by the Agency's record keeping guidelines. This information will be maintained on file and will be used to determine your suitability for volunteer opportunities/positions at St. Leonard's Community Services London & Region. If you have any questions or concerns regarding our retention of your personal information please contact 519-850-3777. Due to the nature of the position, it is St. Leonard's Community Services London & Region policy to screen volunteers. The screening process includes a police check, references check, and a personal interview. The CJC Program may involve additional screening as per Ministry mandates. I, the undersigned, understand the application process and give consent for the above checks and retention of information.

Applicant Signature: _____ Date: _____

Please return completed applications by email, fax or mail to our office located at:

St. Leonard's Community Services London & Region, Attn: Volunteer Coordinator, 405 Dundas St., London, Ontario, N5Z 5Y9 or **Phone:** (519) 850-3777 **Fax:** (519) 850-1396 **Email:** stleonards@slcs.ca

FOR OFFICE USE ONLY

() Application completed () Interview completed () References checked () Police Screening completed
 () Orientation/Training completed () Application denied () File Archived and Date: _____

Notes (attach results of screening):

Date: _____ Signature: _____

Date of Resignation/Termination: _____ Exit Interview Date: _____ Signature: _____