



ESSEX COMMUNITY SERVICES
 35 Victoria Ave, Unit 7 Essex, ON N8M 1M4
 Ph (519) 776-4231 Fax (519) 776-4966

Volunteer Form

Mission Statement

The mission of Essex Community Services is to be a resource to the people of the Greater Municipality of Essex by responding to their identified information, social and health needs.

Name: Miss Mrs. Ms. Mr. Dr. **First:** _____ **Last:** _____

Address: _____ **Phone Number:** _____

Town: _____ **Postal Code:** _____ **Work Phone:** _____

Email address: _____ **Other Phone:** _____

Emergency Contact: _____ **Phone Number:** _____

How did you hear about volunteering with Essex Community Services?

Are you volunteering to meet your high school volunteer requirements? Yes No

If yes, please indicate name and location of your school: _____

Languages

English: Spoken Written

French: Spoken Written Other: _____ Spoken Written

Areas of Volunteer Interest: *(please check all areas of interest)*

Board of Directors

Coats for Kids

Friendly Visitor Program

Fundraising

Snow Patrol

Co-Rider-Transportation Program

Personal Skills/Life Experience/Qualifications/Education/Training:

Work or Volunteer Experience:

1) Company/Organization Name: _____ Employed: Volunteered:

Title: _____ Volunteered/Employed from: _____ to: _____

2) Company/Organization Name: _____ Employed: Volunteered:

Title: _____ Volunteered/Employed from: _____ to: _____

Availability (please check the days/times you are available to volunteer)

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-----------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Morning | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Afternoon | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Evening | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Preferred contact: By phone: By email: **Best time to contact you?** Anytime 8:30 am – noon 1:00 pm – 4:30 pm After 5:00 pm **Mode of Transportation:** Access to vehicle Indicate type of license: G1 G2 Other: _____Access to public transportation I do not drive or have transportation **References**

Please provide the names of two references that we may contact (preferably individuals from organizations where you have volunteered or worked. The reference must be available at a local number or email address, and not a family member).

1) Name: _____
First Last**Company/Organization:** _____ **Relationship:** _____**Email address:** _____ **Daytime Phone Number:** _____**2) Name:** _____
First Last**Company/Organization:** _____ **Relationship:** _____**Email address:** _____ **Daytime Phone Number:** _____**Confirmation of Police Records Check**

Please note: Selected positions require volunteers to provide a Vulnerable Persons Police Clearance

Please indicate if you are willing to undergo a Police Records Check if required: Yes No **Declaration**

I hereby declare that the above information is true and complete to the best of my knowledge and I authorize Essex Community Services to follow up on any information disclosed and to check references:

Yes No **Signature:** _____ **Date:** _____**Please return completed form to: Volunteer Coordinator**