



**Elizabeth
Fry** t o r o n t o
Hope. Strength. Justice.

Volunteer Application Form

Volunteer Information

Today's Date

First Name

Last Name

Gender
Identity

Male
Female

Date of Birth

Address

City

Posta
l
Code

Home
Number

Cell Number

Work Number

E-mail
Address

Emergency Contact:

Name

Relationship

Contact #

Volunteer Opportunities and Areas of Interest

Please select any and all volunteer areas that are of interest to you.

Court Support
Fundraising Support
Special Events
Office Administration
Peer Support
Imprisoned Women Social Skills Support Program
Program Research / Admin
Communications
Workshop / Presentation Facilitation

Other Skills

How did you learn about volunteer opportunities with Elizabeth Fry Toronto?

Please identify where applicable.

| | |
|-----------------------------------|---------------------|
| Website | Word of Mouth |
| Brochure | Elizabeth Fry Staff |
| Volunteer Agency / Other Provider | |
| Other | |

Are you currently enrolled in school?

Yes No

Are you a year-round resident?

Yes No

Are you enrolled in an internship program? If yes, where?

No

Yes

What are your goals and motivations for volunteering?

How do you hope to contribute to the vision and mission of the agency?

Languages
Spoken

Do you have need for special accommodation?

Yes No

Please let us know in advance if you have any particular accommodation needs.

Do you have a valid Ontario Driver's Licence?

Yes No

Do you have access to a vehicle?

Yes No

Please indicate the days and times during the week that you are available to volunteer:

Days Available

| | | | |
|--------|----------|-----------|----------|
| Monday | Tuesday | Wednesday | Thursday |
| Friday | Saturday | Sunday | |

Number of hours per week

Please indicate your volunteer availability

| | | |
|----------------------|----------------------|----------|
| Weekdays (8am - 4pm) | Evenings (5pm - 9pm) | Weekends |
|----------------------|----------------------|----------|

How long are you able to commit for?

| | | |
|-----------|----------|------------------|
| <3 Months | 6 Months | 1 Year or Longer |
|-----------|----------|------------------|

When will you be able to start?

Education and Experience

Please attach a current resume that highlights your:

- Education (Including course of study and degrees obtained)
 - Employment History
 - Volunteer Experience
-

References

Please identify three (3) references below:

| | | |
|------|--------------|---------|
| Name | Relationship | Phone # |
| Name | Relationship | Phone # |
| Name | Relationship | Phone # |

Applicant's Statement

I hereby certify that all information included in this application form is true, accurate and complete. I understand that providing false information is grounds for immediate disqualification from the application process, or immediate dismissal if the falsehood is discovered after starting a volunteer position.

I certify that all answers given by me are true, accurate and complete, and I understand that the falsification and any misrepresentation or material omission of fact made by me on this application or on any other accompanying or required documents, will be sufficient cause for cancellation of this application, denial of volunteer opportunities, or immediate dismissal from volunteer work at the Elizabeth Fry Toronto, regardless of when or how disclosed. The use of this application form does not indicate there are volunteer positions open and does not in any way obligate the agency.

I acknowledge that I have read and understand the above statements and I give Elizabeth Fry Toronto the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I also authorize the Elizabeth Fry Toronto to conduct a complete background screening. I hereby release from liability the Elizabeth Fry Toronto and its representatives for seeking, gathering and using such information and all persons, corporations or organizations for furnishing such information. I hereby agree to be background checked and finger printed, if required. Please note that personal information collected and disclosed, pursuant to the Police Services Act, will only be disclosed to the applicant upon receipt of the applicant's written consent. It is up to the applicant to provide the Elizabeth Fry Toronto with the results of the reference check by submitting the original stamped report from the Police Services.

I understand that before I become a volunteer I must attend an Elizabeth Fry Toronto interview/orientation.

I understand that if I become a volunteer for the agency, I must conform to the rules of the agency. I understand that I have the right to terminate my volunteer status at any time with or without notice, with or without cause, and that the agency has a similar right. I understand that if I become a volunteer with the agency, confidential information regarding the agency and/or its clients, customers and employees may be available to me and that this information must not be disseminated or used except for the agency's benefit. I agree to keep all information about the agency, including such information regarding its business methods, protocols, clients, customers and employees, confidential and shall not disclose this information to any unauthorized personnel whether within or without the agency.

Thank you for completing this application form and for your interest in volunteering with us.

Signature of Applicant:

Date:

Office use only:

Date received

Interview date

Interviewed by and assignment