

**VOLUNTEER APPLICATION FORM**



**CCS Community Services Caring service since 1932**

Please return this form to the Coordinator of Volunteer Services at [annam@ccs-montreal.org](mailto:annam@ccs-montreal.org) or by mail to 1857 De Maisonneuve West, Montreal, Quebec, H3H 1J9. Thank you for your interest in volunteering at CCS.

All volunteer applications are kept strictly confidential. If you have any questions, please ask before continuing to complete this form. The information you provide is done so on a voluntary basis.

Date of Application (mm/dd/yy): \_\_\_/\_\_\_/\_\_\_

**IDENTIFICATION**

Name: \_\_\_\_\_  
First Family Name

Date of Birth (mm/dd/yy): \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ Borough \_\_\_\_\_

Postal Code \_\_\_\_\_

Email: \_\_\_\_\_

|                   |
|-------------------|
| <b>Telephone:</b> |
| Home: _____       |
| Work: _____       |
| Cell: _____       |

Occupation: \_\_\_\_\_ Company Name: \_\_\_\_\_

**Work Status**

- Employed
- Retired
- Semi-Retired
- Student
- Unemployed
- Other:
- Specify \_\_\_\_\_

**Reasons for offer of volunteering**

- Help others
- Participate in the community
- Meet other people
- Gain employment experience
- Required by school
- Have time to give
- Improve language skills
- Other
- Specify \_\_\_\_\_

**Languages:**

- |               |                          |                          |
|---------------|--------------------------|--------------------------|
|               | <b><u>Spoken</u></b>     | <b><u>Written</u></b>    |
| English:      | <input type="checkbox"/> | <input type="checkbox"/> |
| French:       | <input type="checkbox"/> | <input type="checkbox"/> |
| Other(s):     | <input type="checkbox"/> | <input type="checkbox"/> |
| Specify _____ |                          |                          |

Do you have access to a car?  yes  no

Would you be willing to use it for volunteer work?  yes  no

Are you willing to complete a police check to become a volunteer in our agency?  yes  no

What are your hobbies and interests? \_\_\_\_\_

Do you have volunteer experience?  yes  no

If so, doing what kind of volunteer work? \_\_\_\_\_

In case of emergency, contact /relation \_\_\_\_\_ Telephone \_\_\_\_\_

**VOLUNTEER INTEREST**

**POSITION TITLES: INDICATE THE AREAS THAT INTEREST YOU**

**Administration**

- Accounting
- Data entry/General office work
- Reception

**Program/Service**

**Delivery**

- Instructor
- Program Animator
- Teacher/assistant

**Meal Services**

- Cook/assistant cook
- Server/cleaner
- Shopper
- Driver

**Home Services for**

**Seniors**

- Visitor
- Caller
- Driver
- Accompaniment (medical/non-medical)
- Shopper (with clients)

**Clinic Worker**

- Flu shot
- Income Tax
- Eye Vision
- Blood Pressure
- Foot Care

- Board Member**-must be elected

**Committee Member**

- Fundraising
- Publicity
- Recruitment
- Membership
- Program

**Entertainer**

- Vocals
- Instrumental
- Theatre

**Workshop Facilitator/Guest Speaker/conference organizer**

**Special Events/Parties**

- Room set up/decorator
- Catering/food services
- Sales tickets/raffles
- Publicity

**Special Projects**-based on agency needs

- Database development
- Web design
- Policies/procedures manual
- Fundraising

**Other**

\_\_\_\_\_

**AVAILABILITY: PLEASE MARK X OR ✓ ON DAYS AND TIMES YOU ARE AVAILABLE**

|           | Morning (9am-12:00pm) | Afternoon (12:00-4:00pm) |
|-----------|-----------------------|--------------------------|
| Monday    |                       |                          |
| Tuesday   |                       |                          |
| Wednesday |                       |                          |
| Thursday  |                       |                          |
| Friday    |                       |                          |
| Saturday  |                       |                          |
| Sunday    |                       |                          |

Maximum hours you would like to volunteer weekly: \_\_\_\_\_

Time commitment:  short-term (less than 1 month)  One to 3 months  6 months and more

**REFERENCES**

Referral Source: please indicate how you heard about our agency

- Newspaper/Radio/TV
- West Island Volunteer Bureau
- Staff/volunteer of agency
- Flyer
- Montreal Volunteer Bureau
- Friend
- Word of mouth
- Concordia Volunteer Kiosk
- Internet
- Service de Benevole de l'Est
- McGill Volunteer Kiosk
- Other

Please provide 2 references **other** than friends or family:

1. Name \_\_\_\_\_ Relationship to you : \_\_\_\_\_

Phone #: \_\_\_\_\_ or Email: \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to you : \_\_\_\_\_

Phone #: \_\_\_\_\_ or Email: \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**DATE (MM/DD/YY)** \_\_\_/\_\_\_/\_\_\_