

FOR OFFICE USE

Volunteer Ref # _____ Date _____



Volunteer Application Form

Thank you for your interest in volunteering with *grow community center and cafe*.

Volunteers play a vital role in the *grow* community. All volunteer applications are reviewed with consideration of current volunteer opportunities. Your completed form will be held securely and confidentially. Only authorized staff will have access to your information.

Personal Details

Name: _____

Address: _____

Telephone: (Home) _____ (Mobile) _____

E-Mail: _____

Birth-date: _____
Day / Month / Year

If you are involved with us as a volunteer and an emergency arises, whom should we contact?

Name: _____ Relationship: _____

Telephone: (Home) _____ (Mobile) _____

Equal Opportunities

Grow community center and cafe is committed to equal opportunities and all volunteer recruitment decisions will be based on merit, suitability for the role and experience. All volunteer recruitment decisions will not be influenced by race, color, nationality, religion, sex, marital status, family status, sexual orientation, disability, or age. *Grow community center and cafe* fully endorses a working environment free from discrimination and harassment.

Grow community center and cafe is committed to standards of excellence pursuant to the National Child Protection Act of 1993 (NCPA). Since your volunteer role may have direct contact with minors, you will be required to complete a Volunteer and Employee Criminal History Service Background Check, which will be processed by *grow community center and cafe*. In the meantime, please complete the question below.

Have you ever been convicted of a felony in the United States or elsewhere?

Yes No

If you marked yes, please provide details below

Your Skills and Interests

1. Have you ever done any voluntary work before? Yes No
If you answered yes, please tell us a little about the experience.

2. Why do you want to volunteer now? What has motivated you to get in touch with us?

3. Do you have any particular skills or qualities that you could use in your voluntary work?

4. Do you have any physical limitations that may limit your activities? Yes No

If yes, describe: _____

5. What kind of voluntary work interests you?

- Teaching Skills to Youth
- Mentorship
- Supervising and Interacting with Youth
- Project Based Volunteering
- Other

6. When are you available for voluntary work? Totally Flexible

	Monday	Tuesday	Wednesday	Thursday	Friday
Afternoon					
Evening					

7. How long do you intend to volunteer for? _____
(note that some opportunities demand a minimum time commitment)

8. How did you find out about volunteering with *grow*?

- Information / Outreach meeting
- Grow Website
- Flyer
- Word of Mouth
- Internet www. _____
- Other _____

References

1.

Name: _____ Relationship: _____

Place of Work: _____ Position: _____
(If applicable)

Telephone: (Home) _____ (Mobile) _____

E-Mail: _____

2.

Name: _____ Relationship: _____

Place of Work: _____ Position: _____
(If applicable)

Telephone: (Home) _____ (Mobile) _____

E-Mail: _____

3.

Name: _____ Relationship: _____

Place of Work: _____ Position: _____
(If applicable)

Telephone: (Home) _____ (Mobile) _____

E-Mail: _____

Is there any additional information you would like to bring to our attention?

I declare that the information I have provided is true. All my actions as a volunteer will reflect the ethos of *grow community center and cafe* and I agree that being youth centered will be central to my role. I hereby give my consent to contact my references and to contact my employers, past and present.

Signed _____ Date _____