



VOLUNTEER APPLICATION FORM

Personal information on this application form is being collected under the authority of the Freedom of Information and Protection of Privacy Act, Section 33(c). It will be used to determine your suitability, eligibility, or qualification for volunteer services with HomeFront.

| | | | | | |
|---|----------------|---|--|----------------------|-------------------------|
| LAST NAME | | FIRST | MIDDLE | MAIDEN NAME | PREFERRED NAME |
| ADDRESS | | | CITY/PROVINCE | | POSTAL CODE |
| HOME PHONE | BUSINESS PHONE | CELLPHONE | EMAIL | | |
| YOU MAY BE REQUIRED TO COMPLETE AN ENHANCED SECURITY CLEARANCE, WHICH REQUIRES THAT YOU HAVE LIVED IN CANADA FOR A MINIMUM OF THREE YEARS. PLEASE INDICATE IF YOU HAVE LIVED IN CANADA FOR A MINIMUM OF THREE YEARS: <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| OCCUPATION | | EMPLOYER'S NAME | | LENGTH OF EMPLOYMENT | HOURS OF WORK (FROM/TO) |
| SUPERVISOR'S NAME | | CAN YOU BE CONTACTED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO | | LANGUAGES SPOKEN | |
| PREVIOUS WORK EXPERIENCE _____ _____ _____ | | | | | |
| EDUCATION – STATE HIGHEST LEVEL ACHIEVED | | | | | |
| SPECIAL SKILLS, TRAINING, INTERESTS, HOBBIES, MEMBERSHIP IN PROFESSIONAL OR TECHNICAL ASSOCIATION _____ _____ | | | | | |
| PREVIOUS VOLUNTEER OR OTHER RELATED EXPERIENCE _____ _____ | | | | | |
| HAVE YOU WORKED PREVIOUSLY AS A VOLUNTEER WITH HOMEFRONT? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | IF YES, PLEASE INDICATE WHICH POSITION | | |
| PLEASE SPECIFY YOUR PREFERRED VOLUNTEER POSITION | | | | | |
| ARE YOU INTERESTED IN VOLUNTEERING FOR HOMEFRONT EVENTS? (MAY INCLUDE EVENINGS AND WEEKENDS) <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |

TIME AVAILABLE FOR VOLUNTEER WORK

| | | | |
|---|--|--|--|
| <input type="checkbox"/> FLEXIBLE | <input type="checkbox"/> PREFER WEEKDAYS | <input type="checkbox"/> PREFER EVENINGS | <input type="checkbox"/> PREFER WEEKENDS |
| <input type="checkbox"/> THERE ARE TIMES DURING A WEEK I CANNOT DO VOLUNTEER WORK. PLEASE INDICATE: _____ | | | |

DRIVING INFORMATION

| | | | | |
|--|-------------------------|----------|-------|--------------------|
| VALID DRIVER'S LICENSE <input type="checkbox"/> YES <input type="checkbox"/> NO | DRIVER'S LICENSE NUMBER | PROVINCE | CLASS | NUMBER OF DEMERITS |
|--|-------------------------|----------|-------|--------------------|

REFERENCES (DO NOT USE RELATIVES)

| NAME | RELATIONSHIP TO APPLICANT | HOME PHONE | BUSINESS PHONE | EMAIL ADDRESS |
|------|---------------------------|------------|----------------|---------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

EMERGENCY CONTACT

| NAME | RELATIONSHIP | HOME PHONE | BUSINESS PHONE | CELL PHONE |
|------|--------------|------------|----------------|------------|
| | | | | |

HAVE YOU ANY CRIMINAL CONVICTION FOR WHICH A PARDON HAS NOT BEEN GRANTED? YES NO

In making this application, I hereby give HomeFront authority to contact the persons named as references and to make inquires with Police Authorities as may be deemed necessary to ascertain my suitability as a volunteer. I understand that if accepted as a volunteer, I may be required to complete an enhanced security clearance.

Date (YYYY-MM-DD)

Applicant's Signature