

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Closest Intersection: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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

**Volunteer positions that have an immediate need – please indicate 1<sup>st</sup>, 2<sup>nd</sup> & 3<sup>rd</sup> choice:**

- \_\_\_\_\_ **Meals on Wheels** Driver / Runner (week days only from 11am – 1pm, 1x a week)
- \_\_\_\_\_ **Friendly Visiting** (isolated seniors) (mostly week days, some evenings/weekends)
- \_\_\_\_\_ **Hospice Home Visiting** (mostly week days, some evenings/weekends)
- \_\_\_\_\_ **Day Hospice** (Wednesdays 8:30am – 12:30pm or 12:30pm – 3:30pm)
- \_\_\_\_\_ **Bereavement Support Programs** (week days and evenings)
- \_\_\_\_\_ **Food/Clothing/Furniture Bank** (week days plus Saturday AM for Furniture Bank)

**Please indicate (✓) your interest below**

**Available Mon. to Fri. between 9am–5pm:**

- Office/Admin/Reception
- Accounting / Finance
- Adult Day Program (Seniors)
- Active Living Centre (Seniors)
- EarlyON Centre (Children)
- Food Prep. / Server  
(Safe Food Handler Certificate or willing to obtain)

**Occasional, Evenings and Saturdays:**

- Fundraising / Marketing Support
- Home Work Club Tutors (*weekly after school*)
- Christmas Helper (*Seasonal*)
- Community Engagement
- Special Events Volunteers
- Children / Youth Health Programs  
(*After school, Monday through Friday*)

**Please check (✓) for your availability for volunteering:**

Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

Do you have a copy of your recent Police Records Check?  Yes  No

If not, do you consent to get one done?  Yes  No

Length of commitment:  3 months  6 months  1 year  Other: \_\_\_\_\_

Will you be available at a short notice?  Yes  No

Have you attended any Diversity Training? If yes, when:  Yes  No Over the age of 18 years:  Yes  No

Mode of Transportation:  Own Vehicle  Public Transit

Which other languages do you speak besides English: \_\_\_\_\_



**Do you require any accommodations or assistance in the event of an emergency evacuation?**

If yes, please indicate: \_\_\_\_\_

**What skills do you wish to share? What are you passionate about?**

\_\_\_\_\_  
\_\_\_\_\_

**What do you hope to gain with your volunteering at SCHC?**

\_\_\_\_\_  
\_\_\_\_\_

**Previous employment and/or volunteer experience:**

\_\_\_\_\_  
\_\_\_\_\_

**How did you hear about SCHC?**  Our Website  Local newspaper  Our Other locations  School  
 Friend/Family  Public Library  Community Centre  Volunteer Toronto  Other

**Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_ Alternate Telephone: \_\_\_\_\_

**References (2 please): Please do not use relatives**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

**I consent to have my photograph used by Scarborough Centre for Healthy Communities for promotional purposes:**

Yes  No

*Information collected on this authorized form complies with the Privacy Act and Personal Health Information Protection Act. Scarborough Centre for Healthy Communities (SCHC) collects information to assist with program planning, improvement of services, and research. This information is confidential and shall not be used for purposes other than those for which it was collected, nor shall any identifying information be sent externally, except with your expressed consent or as required by law. We encourage you to discuss any questions/ concerns you may have with one of our staff.*

*By signing below you are verifying that the information provided is true and complete. You give us permission to obtain personal information from your listed references.*

***False statements and omissions are grounds to terminate the volunteer relationship.***

***I agree to follow SCHC policies & procedures. Failure to do so will result in termination of the volunteer relationship.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

629 Markham Road, Unit 2, Scarborough ON M1H 2A4