



St. Peter's Residence at Chedoke - Volunteer Services
 125 Redfern Avenue, Hamilton, Ontario L9C 7W9
 Tel: (905) 383-0448 x 15557 Fax: (905) 383-1099

Volunteer Registration Form

Thank you for your interest in volunteering with St. Peter's Residence. Volunteers play a vital role in the delivery of our programs and services and enhancing the quality of life of our residents. All volunteer applications are reviewed with consideration of current volunteer opportunities. Applications are kept on file for three months.

GENERAL INFORMATION

Miss/Ms/Mrs/Mr/Dr: (Last name): _____ (First name): _____
 Initial: _____
 Address: Street # /Name: _____
 City: _____ Province: _____ Postal Code: _____
 Birthdate: Month: _____ Day: _____ Year: _____ Sex: Male Female
 Home Phone: _____ Business or Cell Phone: _____
 Email address: _____
 Languages other than English: _____

EMERGENCY CONTACT PERSON

Name: _____ Relationship: _____
 Daytime Phone: _____ Evening Phone: _____
 Family Doctor: _____ Phone: # _____
 Do you have any physical limitations that could restrict your volunteer activities? Yes No
 If so, please describe: _____

WORK AND EDUCATION HISTORY

Are you currently employed? Yes No Full Time Part Time
 If Yes, where: _____ Job Title: _____
 Position duties: _____
 Previous work experience: _____

 Last school/college/university attended: _____
 Grade/level completed: _____

VOLUNTEER EXPERIENCE/ COMMUNITY INVOLVEMENT

Volunteer Experience
 : _____

 Other community involvement: _____

Please provide the name and contact information for two personal references.

Name of Reference: _____

Relationship: _____ Phone: _____

Email Address: _____

Name of Reference: _____

Relationship: _____ Phone: _____

Email Address: _____

How did you hear about volunteering at St. Peter's Residence at Chedoke?

- | | |
|---|--|
| (1) <input type="checkbox"/> Another volunteer | (5) <input type="checkbox"/> Other : _____ |
| (2) <input type="checkbox"/> TV/Radio | (6) <input type="checkbox"/> Newspaper/Magazine Ad |
| (3) <input type="checkbox"/> St. Peter's staff member | (7) <input type="checkbox"/> Poster |
| (4) <input type="checkbox"/> Volunteer Hamilton | (8) <input type="checkbox"/> Special Program |

What are your reasons for volunteering at St. Peter's Residence at Chedoke?

- | | |
|---|---|
| (1) <input type="checkbox"/> I have some spare time | (4) <input type="checkbox"/> To be involved in my community |
| (2) <input type="checkbox"/> Career testing | (5) <input type="checkbox"/> To help other people |
| (3) <input type="checkbox"/> Other _____ | (6) <input type="checkbox"/> Build my resume/re-enter the workforce |

Interest Check List

- | | | |
|--|--|---|
| (1) <input type="checkbox"/> Crafts | (5) <input type="checkbox"/> Other _____ | (9) <input type="checkbox"/> Journalism/writing |
| (2) <input type="checkbox"/> Arts/painting | (6) <input type="checkbox"/> Clerical | (10) <input type="checkbox"/> Music |
| (3) <input type="checkbox"/> Sewing | (7) <input type="checkbox"/> Bookkeeping | (11) <input type="checkbox"/> Horticulture |
| (4) <input type="checkbox"/> Knitting | (8) <input type="checkbox"/> Computers | |

Time(s) available:

- | | | | | | | |
|----------------------------------|------------------------------------|------------------------------------|--|---------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday | <input type="checkbox"/> Saturday | <input type="checkbox"/> Sunday |
| <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening | <input type="checkbox"/> Available for on-call & extra assignments | | | |

Requirements for volunteer placement:

- TB test Criminal Reference Check (18yrs of age and over) Interview Orientation

I certify that all above statements made by me are true. If it is found that I have given false information in this application, such falsification will constitute full and sufficient grounds for dismissal from volunteering at St. Peter's Residence at Chedoke. I understand that St. Peter's Residence at Chedoke, Volunteer Services Department, will contact the reference(s) submitted to verify information given on this application and to provide any additional information about my qualifications to volunteer.

Signature: _____ Date: _____