



**SETTLEMENT ASSISTANCE AND FAMILY SUPPORT SERVICES**  
 1200 Markham Road, Suite 214, Scarborough ON M1H 3C3 Tel: 416-431-4847  
 Fax: 416-431-7283 Email: reception@safss.org Website: www.safss.org

**VOLUNTEER APPLICATION**

Date: \_\_\_\_\_  
Day/Month/Year

Mr.  Ms.

Status in Canada: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
BLOCK LETTERS PLEASE BLOCK LETTERS PLEASE

Address: \_\_\_\_\_ Apt No. \_\_\_\_\_

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

Telephone (Home): \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Native Language \_\_\_\_\_

Other Languages spoken: \_\_\_\_\_

**VOLUNTEERING AND YOU:**

*We would appreciate your cooperation in responding to the following questions. This information will help us in placing you in the appropriate volunteer positions. **Volunteers are required to commit to a 3-6 months term to the agency.***

How did you learn about volunteer opportunities at our agency? [Place checkmark ✓]

Our Website \_\_\_\_\_ Flyer \_\_\_\_\_ Friend \_\_\_\_\_ Media \_\_\_\_\_ School \_\_\_\_\_ SAFSS Event \_\_\_\_\_ Other \_\_\_\_\_

Why do you want to volunteer with us?

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

What do you hope to gain from your volunteer experience with us?

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

**EDUCATION**

	Degree/Diploma	Field of Study/Major
Certificate Courses		
College/University		
Secondary School		
Elementary School		

Interests / Hobbies \_\_\_\_\_

Skills \_\_\_\_\_

**WORK EXPERIENCE** *(Most recent first)*

Organization/Company/ Country	Position (Type of Work)	From	To
1.			
2.			
3.			

**VOLUNTEER EXPERIENCE** *(Most recent first)*

Organization/Company/ Country	Position (Type of Work)	From	To
1.			
2.			
3.			

Do you have a valid Ontario Driver's Licence ? Yes  No  Do you have access to a vehicle ? Yes  No

**AVAILABILITY FOR VOLUNTEER WORK AT SAFSS:**

Circle selection:    Weekdays    Weekends    Occasional    Seasonal    All Year

Time Availability	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SAT/SUN
Morning						
Afternoon						
Total Hours						

Total Hours available per week: \_\_\_\_\_ Duration: \_\_\_\_\_

**Do you have any special needs that may affect your ability to volunteer ? Please explain.** \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relationship \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ Work Telephone \_\_\_\_\_ Cell: \_\_\_\_\_

**REFERENCES**

Please list 2 persons, other than your relatives who know you personally

1. Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
BLOCK LETTERS PLEASE

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

2. Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
BLOCK LETTERS PLEASE

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

**AREAS OF INTEREST FOR MY VOLUNTEER WORK**

- |                                              |                                             |
|----------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Clerical            | <input type="checkbox"/> Education/Training |
| <input type="checkbox"/> Reception           | <input type="checkbox"/> Marketing          |
| <input type="checkbox"/> Community Outreach  | <input type="checkbox"/> Mentoring          |
| <input type="checkbox"/> LINC Centre Helper  | <input type="checkbox"/> Fundraising        |
| <input type="checkbox"/> Daycare Assistance  | <input type="checkbox"/> Organizing Events  |
| <input type="checkbox"/> Counseling/Training | <input type="checkbox"/> Research           |

**VOLUNTEER AGREEMENT ON CONFIDENTIALITY**

I, the undersigned, do willingly promise to hold in confidence all matters that come to my attention in the line of duty at Settlement Assistance and Family Support Services (SAFSS), including material from and about clients and matters regarding colleagues. I will respect the privacy of supervisors and/or administrators. Further, I will use in a responsible manner, all information gained in the cause of my service at SAFSS.

**RELEASE CLAUSE**

During my involvement with SAFSS as a volunteer, I agree to assume full responsibility for my participation and release SAFSS from any financial encumbrances that may occur. I agree to volunteer at my own free will.

Applicant Name \_\_\_\_\_ Signature \_\_\_\_\_  
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Witness Name \_\_\_\_\_ Signature \_\_\_\_\_  
BLOCK LETTERS PLEASE

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

**FOR OFFICE USE ONLY**

Office Interview  Telephone Interview  Preferred Location \_\_\_\_\_

Location (s) Assigned \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Interview Date \_\_\_\_\_ Interviewed by \_\_\_\_\_

THANK YOU