



5- 6655 Kitimat Rd,  
 Mississauga, ON L5N 6J4  
 Phone: 905-821-7494  
 Email: helpline@jfjhopecentre.ca

## Volunteer Application Form

Thank you for your interest in volunteering. After completing your application an interview with the Volunteer Coordinator will determine your volunteer position. Please note that some positions are 'Advanced' and require additional documentation and/or training.

### Contact Information

Full Name	
Street Address	
City, Province, Postal Code	
Home Phone	
Cell Phone	
E-Mail Address	

Have you ever been convicted of a crime(s)?      Yes                  No

If yes please explain,

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Where did you hear about JFJ Hope Centre?

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### Availability and Desired Commitment

Available to start: \_\_\_\_\_

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours Available							

### Person to Notify in Case of Emergency

Name	
Street Address	
Home Phone	
Work Phone	
Email Address	

**Volunteer Opportunities** – indicate your interests by checking the boxes

- Events (Christmas Party, Golf Tournament, Teddy Bear Picnic, etc)
- Care Cupboard Maintenance
- Fundraising
- Church Ambassador
- Proof Reading
- Custodial Duties/Handy-person
- Driver

**Advanced Volunteer Positions** *The following positions require a police check and may require additional training. Please provide two references if you are interested in these positions.*

- Programs: Child care at the Young Parent Program
- Cook: Volunteers prepare a light dinner for the Young Parent Program
- Care Cupboard Client Appointments: Volunteer facilitate appointments with clients
- Board Member

**References** (Necessary for Advanced Positions only)

Full Name:	Full Name:
Phone:	Phone:
Length of time known:	Length of time known:
Relationship:	Relationship:

**Agreement and Signature**

By submitting this application:

- I affirm that the facts set forth in it are true and complete.
- I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.
- I understand that I may need and am willing to complete a police check prior to assuming volunteer duties.
- I am prepared to participate in the required orientation / training for my volunteering position.

Name (printed)	
Signature	
Date	
Please tell us your birthday! ☺	

**If you are under 16**

Parent's Name:

Parent's Signature:

\*We may require you to volunteer alongside your parent or another supervising adult.