



## Auxiliary Volunteer Application

### Applicant Information

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

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ \_\_\_\_\_  
*City* *Province* *Postal Code*

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

Preferred Contact Method: \_\_\_\_\_

Availability:  Mornings  Evenings  Afternoons  Weekends

### Areas of Interest

Check all that apply

- |                |                          |                      |                          |
|----------------|--------------------------|----------------------|--------------------------|
| Fundraising    | <input type="checkbox"/> | Translation Services | <input type="checkbox"/> |
| Event Planning | <input type="checkbox"/> | Marketing            | <input type="checkbox"/> |
| Communications | <input type="checkbox"/> | Other                | <input type="checkbox"/> |

Comments:

### Information

Please describe your previous volunteer experience:

Please state your reason for volunteering with Chimo:

Please tell us about your skills, interests or hobbies:

### References

Please list two references.

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

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

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

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

### Signature

*Applicants must be 19 years of age or more. Applicants will be required to supply a Criminal Record Check.*

*I certify that my answers are true and complete to the best of my knowledge.*

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

### Volunteer Agreement

Auxiliary Team Volunteers, though not working in front line service, may become aware of policy and procedures at Chimo or other confidential information related to our mission. In order to maintain the high standards that are essential to our organization, all volunteers (Call Interveners and Auxiliary Team Volunteers) must complete all steps of our application process. This includes a Criminal Record check and a Prior Contact (SD) check.

In order to complete your volunteer application, you must complete and sign this form, and sign the attached consent to a "Prior Contact Check" (SD) to be conducted by Family and Community Services.

I, the undersigned, do hereby authorize Chimo, Family & Community Services and the police to make such investigations as they deem necessary to approve or decline this application. I have read and accept the above and I hereby agree to maintain confidentiality in all matters pertaining to Chimo Helpline Inc.

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