



Application for a Volunteer or Work Placement Experience

Application Date: _____

Please indicate the experience you are applying for by checking one:

- Volunteer
 Work Placement

Name: _____

Email Address: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

AVAILABILITY (List days and hours): _____

EDUCATION

Highest Level of Education: _____

EMPLOYMENT

Current Employer, if applicable: _____

Position/Title: _____

UNIVERSITY/COLLEGE/TRAINING INSTITUTE

School currently attending, if applicable: _____

Course of Study: _____

SKILLS & EXPERIENCE

Do you have a current First Aid/CPR certificate? No Yes

Do you have a current Non-Violent Crisis Intervention Certificate? No Yes

Can you provide a clear Police Record Check with Vulnerable Sector Screening? No Yes

List any special training, skills, hobbies (use the back if necessary): _____

Groups, clubs, organizational memberships: _____

Prior Volunteer Experience (include organization names and dates of service): _____

What experiences have you had that may prepare you to work as a volunteer in the field of Developmental Services for Adults? _____

Why do you want to volunteer with Alternatives Community Program Services? _____

What do you want to gain from this volunteer experience? _____

Do you have any requests for accessible accommodation? (Please identify) _____

REFERENCES

Please list three people who know you well and can attest to your character, skills, and dependability. Employers, teachers, colleagues or other associates are acceptable.

| Name/Organization | Relationship to you | Length of relationship | Phone number |
|-------------------|---------------------|------------------------|--------------|
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Please read the following carefully before signing this application:

- I certify that information provided is true and complete to the best of my knowledge.
- I understand that this is an application for a volunteer opportunity and that only successful applicants will be invited to interview.
- I understand that information contained on my application will be verified by Alternatives Community Program Services.
- I understand that misrepresentations or omissions may be cause for rejection as an applicant or later termination as a volunteer.
- If accepted, I understand that I will be required to complete Alternatives' comprehensive orientation process
- I understand that all positions with Alternatives are contingent on a successful probationary period, to be determined by Program Directors.

(Print Name)

(Signature)

*Thank you for taking the time to complete this application in full.
Please print, complete, sign, then email/fax or mail to;*

*160 Charlotte Street, Suite 102, Peterborough, ON K9J 2T8
Fax 705-775-4301
Phone 705-742-0806
info@AlternativesPtbo.ca*