



**H**elping  
**O**urselves through  
**P**eer support &  
**E**mployment

44 King Street, Suite 207  
Brantford, ON, N3T 3C7  
(Phone) 519-751-1694  
(Fax) 519-751-0430  
(Email) [joanne@hopebrant.ca](mailto:joanne@hopebrant.ca)  
[www.hopebrant.ca](http://www.hopebrant.ca)

## Volunteer Application Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Male  Female  Other \_\_\_\_\_ D.O.B. (dd/mm/yy): \_\_\_\_\_

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

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

Contact Info:

Home: \_\_\_\_\_  Preferred Contact

Cell: \_\_\_\_\_  Preferred Contact

Email: \_\_\_\_\_  Preferred Contact

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Are you attending High School, College or University?

Yes  No If yes, name of Institution: \_\_\_\_\_

If you are involved with us as volunteer and an emergency arises, whom should we contact:

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

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

List of your current or previous work experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about this Volunteer Opportunity? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List previous volunteer experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why are you interested in volunteering at HOPE? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List interest, activities and/or hobbies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What kind of volunteer assignment(s) would you like?

- Help with Special Events
- Fundraising
- We Care
- Public Education
- Office Support
- Research
- Peer Support
- Mood Walks
- Drop-in program
- Board of Director/ Committee Member

Do you have any health problems or restrictions that may affect your volunteer work?

- Yes
- No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Length of commitment:

- 6 Months
- 1 Year
- Longer
- Not sure

Time Availability:

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>
Morning							
Afternoon							
Evening							

\*CPIC (Police Check) and 3 references will be requested upon interview with our Volunteer Coordinator. References are to include recent work, school, landlord, church or volunteer supervisors.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
The information on this application is collected to determine eligibility for H.O.P.E (helping ourselves through peer support and employment) volunteer opportunities and to safely, effectively and responsibly implement our volunteer program in accordance with the Freedom of Information and Protection of Privacy Legislation.  
\_\_\_\_\_