



VOLUNTEERS/CO-OP STUDENTS
Application Form

SECTION ONE: Introduction

Thank you for your interest in being a volunteer of St. Francis Advocates for the Autistic & Developmentally Disabled (Sarnia) Inc.

The information on this form will help us find the most satisfying and appropriate volunteer assignment for you.

To apply to be a volunteer, please complete this Application Form and submit it to info@stfrancisadvocates.net ; or Fax to 519-828-3927; or mail to:

St. Francis Advocates, 7346 Arkona Road, PO Box 218, Arkona, ON N0M1B0

SECTION TWO: Application Contact Information

| | | |
|----------------------|--------------------|--------------|
| Surname: | First Name: | |
| Address (Residence): | | |
| City/Town: | Province: | Postal Code: |
| Telephone: (Home) | Telephone: (other) | |
| Email Address: | | |

SECTION THREE: Eligibility Criteria and Expectations

This application is developed for volunteers/co-op students who are inquiring about volunteering directly with people that we support.

- Volunteers for special events or one day events that do not involve direct contact with people we support **are not required** to complete this application.
- Friends of people supported **are not required** to complete this application.

A. Volunteer Eligibility Criteria

Potential volunteers of St. Francis Advocates must meet the following eligibility criteria:

- Reside or be employed in the geographic area that St. Francis Advocates serves
- Show a good appreciation of the Agency's Mission, Vision Values & Principles

B. Volunteer Expectations

All Volunteers are expected to:

- Arrive on time, and be attentive and present for the duration of the scheduled volunteer shift
- Obtain a Criminal Reference Check for the Vulnerable Sector
- Meet all conditions of Orientation and Training which must be completed within 3 months from the date of placement



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SECTION FOUR: Knowledge, Skills and Experience

| Questions | Yes ✓ | No ✓ |
|--|-------|------|
| Do you have legal status to work in Canada? | | |
| Some volunteer positions within our agency require provision of a current police check. Are you willing to release this information? | | |
| Do you have a valid driver's license? | | |
| Have you had training in CPR/First Aid? If yes, expiry date: _____ | | |
| Would you be interested in receiving information regarding sessions on First Aid, CPR, CPI or any other educational workshops? -if yes please stipulate _____ | | |
| Do you have any physical conditions that you wish to be taken into consideration when determining a volunteer placement? -if yes, explain below _____ | | |

Please list special interests, skills, hobbies or volunteer activity preferences.

Please list days and specific times that you would be available:

| Times | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|-------|--------|--------|---------|-----------|----------|--------|----------|
| AM | | | | | | | |
| PM | | | | | | | |



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SECTION FIVE: References

List two references:

Please state how you are related ie. previous agency where you volunteered, a previous employer

| | |
|---------------------|---------------------|
| Name: _____ | Name: _____ |
| Email: _____ | Email: _____ |
| Home #: _____ | Home #: _____ |
| Work #: _____ | Work #: _____ |
| Relationship: _____ | Relationship: _____ |

SECTION SIX: Declaration and Authorization

By submitting this application, I declare and authorize the following:

- I meet the eligibility criteria and accept the conditions of appointment as outlined in this application form.
- I certify that the information in this application is true.
- I authorize St. Francis Advocates to collect background check information appropriate to the volunteer position applied for by contacting the references above.

I understand that the information obtained will be confidential.

Print Name: _____

Signature: _____

Date: ____/____/____
(dd/mm/yyyy)