



## VOLUNTEER APPLICATION FORM

Thank you for your interest in volunteering with the House of Blessing. Volunteers are our most valuable resource and an integral part of fulfilling our mission: *to be a beacon of hope, a safe place of comfort and practical help for those in need socially, spiritually, physically and economically.*

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

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### GENERAL INFORMATION

We celebrate birthdays here at House of Blessing!

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Address: \_\_\_\_\_  
APT# STREET/RR# Box#

Town/CITY PROVINCE POSTAL CODE

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

How did you hear about the House of Blessing?

- |   |  |                                 |
|---|--|---------------------------------|
| <input type="checkbox"/> Advertisement  | <input type="checkbox"/> Internet Site | <input type="checkbox"/> Agency |
| <input type="checkbox"/> Newsletter     | <input type="checkbox"/> Self-Referral | <input type="checkbox"/> Radio  |
| <input type="checkbox"/> Volunteer Fair | <input type="checkbox"/> Other _____   |                                 |

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### ABOUT YOU

Why would you like to volunteer with us?

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What volunteer/work experience do you have? Please list organizations and duties.

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Special interests, skills or hobbies:

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How many hours per week/month would you like to volunteer with us? \_\_\_\_\_

Are you available:     Mornings    Afternoons    Weekends (only required for special events)

Which day(s)? \_\_\_\_\_

What kind of volunteer work would you prefer to do?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Sorting Food    | <input type="checkbox"/> Pick Ups/Deliveries | <input type="checkbox"/> Fundraising – Special Events |
| <input type="checkbox"/> Sorting Clothes | <input type="checkbox"/> Food Bank           | <input type="checkbox"/> Food Drive                   |
| <input type="checkbox"/> Organizing      | <input type="checkbox"/> Heavy Lifting       | Other _____   |
| <input type="checkbox"/> Cleaning        | <input type="checkbox"/> Outside Maintenance |   |

Are you willing to use your personal vehicle for volunteer work?  No  Yes

Are you willing to drive House of Blessing's Cube Van:  No  Yes

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**EMERGENCY CONTACT INFORMATION:**

Who would you like us to contact in case of emergency?

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

Address: \_\_\_\_\_  
APT# STREET / RR # / BOX # TOWN/CITY

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Do you have any medical conditions/needs that we should know about in case of an emergency?

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Please provide the names of three references that we may contact for the sole purpose of discussing your role as a volunteer with the House of Blessing:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

The Stratford House of Blessing is committed to providing a quality volunteer experience and quality service to the community. As part of that commitment, we screen all volunteers. The screening process involves: 1) Application Form, 2) contacting references, 3) personal interview 4) a police record check (if 18 years of age and older). Please do not proceed with the police record check until requested. All information gathered will remain confidential.

Do you foresee any difficulty with this screening process?  No  Yes

I hereby declare that to the best of my knowledge the foregoing information is true and complete. I authorize the Stratford House of Blessing to check the references I have listed above.

I understand that:

- If I'm accepted as a volunteer, I will receive an orientation and training appropriate to my volunteer assignment;
- The relationship between the Stratford House of Blessing and volunteers is an "at will" arrangement that may be terminated at any time without cause by either the volunteer or the Stratford House of Blessing;
- In the course of volunteering for the Stratford House of Blessing, I may be dealing with confidential or sensitive information. I agree to keep such information in the strictest confidence;
- All information given to the House of Blessing as part of this application will be kept confidential.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature  
(if you are under 18 years of age)

\_\_\_\_\_  
Date

Volunteer Hours Documentation Request:	<input type="checkbox"/> Student	<input type="checkbox"/> Other (please explain)
Number of Hours Required _____	Documentation Required: _____	
Contact Name: _____	Organization: _____	
Contact Telephone: _____	Contact Email: _____	

Thank you for taking the time to  
complete this application!