

## **VOLUNTEER ENROLLMENT FORM**

FIRST NAME	LAST NAME		
STREET ADDRESS	CITY, PROVINCE, POSTAL CODE		
CURRENT OCCUPATION	PHONE NUMBER		
EDUCATIONAL BACKGROUND	PREVIOUS VOLUNTEER EXPERIENCE		
Do you have a Police Vulnerable Sector Check (PVSC) dated within the past 6 months? YES NO	PVSC OF LAST DATE ARE YOU AGE 18 OR OLDER? YES NO		

#### AVAILABILITY: (Please circle all that apply.)

MORNINGS	AFTERNOONS	EVENINGS	NIGHTS	OTHER:
S M T W TH F S				

### **GENERAL INTERESTS, SKILLS, AND HOBBIES:**

### **VOLUNTEERING** (*Please check all that apply.*)

What type of volunteer work are	Working with children		
you interested in?	Operations and administrative		
Is there any client population you are particularly interested in working with?	Preschool	Non-Verbal	
	School age	Non-ambulatory	
	Physical Disabilities	Teens	
	Autism Spectrum Disorder	Other:_	



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Is there any client population you would not feel comfortable working with?	Preschool		Non-Verbal	
	School age		Non-ambulatory	
	Physical Disabilities		Teens	
	Autism Spectrum Disorder		Other:	
Do you have previous experience working with any of the above?	YES		NO	
	If yes, please specify:			

#### **ACCOMODATIONS & MEDICAL INFORMATION**

Do you require any accommodations?	YES	NO
Do you have any medical concerns we should be aware of?	YES	NO
Are you vaccinated against COVID-19?	YES	NO

#### REFERENCES

How did you hear about us?	Advertisement	Client/Client's Family	Other:	
Why have you chosen THRIVE for volunteer service?				
List name, address, and phone number of two references (non-relative)				
	REFERENCE 1			
NAME		PHONE NUMBER		
STREET ADDRESS				
REFERENCE 2				
NAME		PHONE NUMBER		
STREET ADDRESS				

THRIVE Child Development Centre is an equal opportunity organization and provides accommodations for applicants with disabilities upon request. THRIVE's requirement that employees and volunteers be fully vaccinated is subject to any accommodation obligations it may have under the Human Rights Code.