



VOLUNTEER APPLICATION FORM

Easter Seals Newfoundland and Labrador

Thank you for your interest in volunteering with Easter Seals Newfoundland and Labrador. Our volunteers play an active and important role in enhancing the lives and maximizing the abilities of children with physical disabilities. Please note that if you become involved as an Easter Seals volunteer, we will require a police certificate of conduct and a vulnerable sector check, from the RNC or the RCMP.

We will review your volunteer application form and contact you to arrange an interview to discuss your interests and qualifications.

Name: _____ Are you 16 years of age or older? yes no

CONTACT INFORMATION

Permanent Home Address:

City: _____ Prov: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-mail Address:

If you currently live at an address other than your permanent home address (for example, school residence), please include that address:

Temporary Address:

City: _____ Prov: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-mail Address:

EMERGENCY CONTACT

Name: _____ Relation: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

AVAILABILITY

Please indicate your availability to volunteer – check all applicable days and times.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

ABOUT YOU

There are volunteer opportunities at Easter Seals in our many programs and services delivery and in the fundraising and office administration functions. Please answer the following questions so that we can learn more about your interests, skills and experience.

Occupation: _____ Employer (optional): _____

Why are you interested in volunteering for Easter Seals Newfoundland and Labrador?

Do you have any experience working with children with physical disabilities? Please provide details.

Please list your community affiliations or memberships (service clubs, professional organizations etc.).

Please indicate any skills that you would like to use in a volunteer role with us?

- | | |
|---|---|
| <input type="checkbox"/> accounting/bookkeeping | <input type="checkbox"/> event planning |
| <input type="checkbox"/> basic knowledge of disability issues | <input type="checkbox"/> fundraising |
| <input type="checkbox"/> business/administration | <input type="checkbox"/> general office/reception |
| <input type="checkbox"/> committee work | <input type="checkbox"/> leadership skills |
| <input type="checkbox"/> communications/media relations | <input type="checkbox"/> marketing/public relations |
| <input type="checkbox"/> community outreach | <input type="checkbox"/> presentation skills |
| <input type="checkbox"/> computer: internet/website | <input type="checkbox"/> volunteer coordination |
| <input type="checkbox"/> computer: data entry/word processing | <input type="checkbox"/> writing/editing |
| <input type="checkbox"/> computer: database | <input type="checkbox"/> other: _____ |
| <input type="checkbox"/> computer: desktop publishing | |

AWARDS, CERTIFICATES, LICENCES

Please attach copies of current awards/certificates/licences.

Award/Certificate/Licence	Type (where applicable)	Expiry Date
First Aid Certificate		
CPR Certificate		
NLS/RLSSC Instructor		
Ropes Course CUI Certification		
Challenge Course CUI certification		
Canoeing		
NCCP Certificate(s)		
Sailing Certificates (CYA)		
Safe Boating Certificate		
F-Class Driver's Licence or equivalent		
ARNNL Certificate of Competence (RN or RPN)		
Others (please specify):		

SPECIAL SKILLS

If you are interested to help with any of the following activities, how would you rate your skill level and leadership ability? (please check)?

ACTIVITIES	Can Instruct/Lead	Can Assist/Help	No Experience
Swimming			
Downhill Skiing			
Cross Country Skiing			
Canoeing/Kayaking			
Sailing			
Out-tripping			
Sledge Hockey			
Wheelchair Basketball			
High Ropes/ Challenge Course			
Co-operative Games			
Wheelchair Curling			
Fishing			
Cooking			
Archery			

Pottery			
Leadership Training			
Life Skills			
Music – Singing			
Music – instrument(s) Specify type(s):			
Drama			
Arts and Crafts			
Story Telling			
Describe any other skills or talents which you believe should be noted:			

EDUCATION

Name of High School/ College/University	Grade in School/ Year at College/University	Area of Study or Degree/Diploma Received

EMPLOYMENT/VOLUNTEER EXPERIENCE

List your three most recent employment or volunteer experiences below.

Employer Name and Contact Name	Address/Phone	Position(s) Held	Dates

Do we have your permission to call the above contacts? yes no

REFERENCES

Please provide names and contact information including complete postal mailing addresses for two references (other than family members): Please Print

1. Name: _____ E-mail: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

2. Name: _____ E-mail: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

VOLUNTEER COMMITMENT AGREEMENT

- I understand that my participation is purely voluntary and there will be no financial remuneration.
- I agree to conduct myself at all times in a positive manner while in the capacity as an Easter Seals Volunteer. In no way will my behavior reflect negatively upon Easter Seals Newfoundland and Labrador or any associated organization at any activity.
- I agree to treat all Easter Seals participants, staff and volunteers with dignity and respect.
- At all times I will respect the privacy of all participants, donors, volunteers and staff.
- As an Easter Seals volunteer I will hold private and confidential any information relating to participants, donors, volunteers and staff that I may have access to.
- I agree to ask questions when unsure and not undertake any activity with Easter Seals participants without prior approval or instruction.
- I agree to participate in any orientation and training required to fulfill my volunteer duties.
- I agree that as a condition of being an Easter Seals Volunteer that I will complete an application and submit a Certificate of Conduct and a Vulnerable Sector Check provided by the RNC and/or RCMP. If the results of my application are positive this will exclude me from being a volunteer for Easter seals Newfoundland and Labrador.

By signing below, you acknowledge that the information provided is true and accurate, and that you have read, understand, and will abide by the Volunteer agreement above.

And, by signing below, you grant Easter Seals Newfoundland and Labrador permission to contact the references listed.

Signature: _____ Date: _____

Signature of _____ Date: _____
Parent/Guardian
(if under 18)

Return your completed application to:
Easter Seals Newfoundland and Labrador
206 Mount Scio Road
St. John's, NL A1B 4L5
Or Fax: 754-1398