



VOLUNTEER APPLICATION

Hope and Homes
indwell.ca

CONTACT INFORMATION

How did you hear about us?

Website Charity Village Church Indwell Employee Volunteer Agency Other: _____

Date: _____ **Name:** _____
Month Day Year Last First Middle

Street Address: _____ **City:** _____ **Province:** _____ **Postal Code:** _____

Email address: _____

Home Phone: _____ **Cell Phone:** _____ **Date of Birth:** _____
Month Day Year

EDUCATION – Please complete all applicable sections

Name of Institution & Course of Study	Years Completed	Did You Graduate?	Diploma/Degree
High School (support workers) _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Trade/Business School _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College/ University _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Graduate School _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Do you have current: First Aid CPR

Are you familiar with mental illness? Yes No

If yes, how? _____

Past and present volunteer jobs (describe any):

Church Affiliation (if any): _____

SKILLS & INTERESTS – Please check any that apply

- Arts
- Spiritual Care
- Sports
- Plumbing
- Crafts
- Hairdressing
- Electrical
- Housekeeping
- Music
- Writing
- Cooking/Baking
- Painting
- Gardening
- Dancing
- Building Maintenance
- Other: _____

VOLUNTEER JOB FOCUS – Please check any that apply

- One-on-One (Relational)
- Activities with Residents
- Fundraising for Indwell
- Transportation
- One-on-Group (Relational)
- Maintenance
- Promotions for Indwell
- Office Administration
- Group-on-Group (Relational)
- Spiritual Care with Residents
- Board Member
- Provide a Service
- Photography
- Collective Kitchen
- Special Events
- Other: _____

Summarize any special skill/interests/training and note how long you can commit to volunteering (6 months, one year, etc):

Why do you wish to volunteer with Indwell?

As part of its evaluation of my suitability for volunteering, I authorize Indwell to contact my references found below:

- Yes No

**ALL APPLICANTS must produce a current police check with a vulnerable sector search from the last 12 months.
All police checks are completed at the expense of the volunteer**

PROFESSIONAL & PERSONAL REFERENCES – Please provide one professional & one personal (non-family) references

Name & Occupation	Telephone	Years Known
_____ <i>Professional Reference</i>	_____	_____
_____ <i>Personal (Non-Family) Reference</i>	_____	_____

APPLICANT'S CERTIFICATION – Please read carefully before signing

I certify that, to the best of my knowledge, the answers given by me to the foregoing questions, and the statements made by me in this application, are correct and complete.

Applicant's Signature

Date

Submit online by pressing the submit button below after the form is complete, or send by:

Email: thowe@indwell.ca

Fax: 905.529.0355

In Person: 1430 Main Street East, Hamilton, ON

Mail: Teresa Howe, Indwell

1430 Main Street East

Hamilton, ON L8K 1C3

