



Volunteer Information Form

A - CONTACT INFORMATION

Date: _____
(mm / dd / yyyy)

Mr./Mrs./Ms/Miss/Dr. _____ **Name:** _____
(optional) (first) (middle initial) (last)

Address: _____ **Apt.** _____

(city) (province) (postal code)

Phone (home): (____) _____ **Fax:** (____) _____

Phone (bus.): (____) _____ **E-mail** (home): _____

Phone (cell): (____) _____ **E-mail** (bus.): _____

Emergency contact name: _____ **Phone:** (____) _____

How did you learn about volunteering with Louise Russo W.A.V.E. (Working Against Violence Everyday)?

- a friend / acquaintance approached me
- from materials displayed in my community
- Volunteer Centre / Employment Centre
- media (including messages on TV, radio and newspaper)
- website (site name: _____)
- at a special event
- direct mail
- family / friends were involved in the past
- previously volunteered with W.A.V.E.
- other: _____

Languages spoken: English French Other: _____

Languages written: English French Other: _____

Transportation: Own Vehicle / Use of Vehicle Public Transportation Walk

B - SKILLS PROFILE

Occupation: _____ **Employer (optional):** _____

Previous/present volunteer or work experience: _____

Affiliations (optional) e.g. professional associations, social & service clubs, fraternities, etc.: _____

Do you have physical restrictions that may effect your volunteering? (e.g. can't climb stairs) _____

What skills would you like to use in a volunteer role with us?

- | | | | |
|------------------------------------|-----------------------|------------------------------------|-----------------------|
| Accounting / bookkeeping | <input type="radio"/> | Event planning /committee work | <input type="radio"/> |
| Youth related education/training | <input type="radio"/> | Fundraising | <input type="radio"/> |
| General office telephone/reception | <input type="radio"/> | Board / Committee | <input type="radio"/> |
| Advocacy (public speaking) | <input type="radio"/> | Leadership skills | <input type="radio"/> |
| Communications / media relations | <input type="radio"/> | Marketing/public relations | <input type="radio"/> |
| Community outreach | <input type="radio"/> | One-to-one/group support | <input type="radio"/> |
| Computer: internet/website | <input type="radio"/> | Office Administration | <input type="radio"/> |
| Computer: keyboarding/data entry | <input type="radio"/> | Volunteer development/coordination | <input type="radio"/> |
| Computer: word processing | <input type="radio"/> | Writing/editing | <input type="radio"/> |
| Driving | <input type="radio"/> | Other: _____ | |

D - AVAILABILITY

Please mark with a (✓) the days/time you are available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
AFT							
PM							

Indicate any extended periods during the year when you are unavailable to volunteer:

Please list any tasks or situations you may not wish to participate in while volunteering with Louise Russo W.A.V.E.: _____

E – REFERENCES (employer, co-worker, teacher, friend)

Please list two references (other than family members):

#1 Name: _____

Daytime Phone: (____) _____ E-mail: _____

#2 Name: _____

Daytime Phone: (____) _____ E-mail: _____

F - VOLUNTEER CONFIDENTIALITY AGREEMENT

I understand and agree that Louise Russo W.A.V.E. will request information from my references. I authorize my references to release all information as requested. By signing below, you acknowledge that the information provided is true and accurate, and that you have read, understand, and will abide by the agreement above. Louise Russo W.A.V.E. ensures that personal information is kept confidential.

Applicant’s Signature: _____ Date: _____
parent/ guardian (if under 18)

Please return by fax or mail to: P.O. Box 60791 RPO Jane/Wilson • North York, Ontario M3L 2N5
Phone: (416) 436-9106 • **Fax:** (416) 747-0366
 www.louiserussowave.ca • Registered Charitable #84950 2950 RR0001