



## 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