

# Volunteer Application

*Welcome to the Western Ottawa Community Resource Centre (WOCRC)!  
Thank you for offering to volunteer your time and skills.  
The information on this form will assist us in placing you in the most suitable  
and rewarding position. All information will be kept confidential.*

## Personal Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal code: \_\_\_\_\_  
Phone (home): \_\_\_\_\_ Phone (work): \_\_\_\_\_  
E-mail: \_\_\_\_\_ Birth month: \_\_\_\_\_  
So we can send you a birthday card!  
Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to emergency contact: \_\_\_\_\_  
First language: \_\_\_\_\_ Other languages: \_\_\_\_\_

## Volunteer Availability

When are you available?  Weekdays  Weekends  Evenings

*(Please note that most of our volunteer opportunities are during weekdays.)*

Do you have any special needs to take into consideration when selecting a suitable volunteer position? (i.e. medical conditions, physical restrictions, allergies, emotional difficulties, etc.)

Yes  No If YES, please explain: \_\_\_\_\_

## Skills and Experience

Please describe your present/past volunteer, paid work, education and/or community experience:



*Available in English and French/Disponible en anglais et français*

*Bringing care and community together/Jumeler soins et collectivité*

2, cour MacNeil Court, Kanata, ON K2L 4H7 Tel/tél.: 613-591-3686 Fax/télec.: 613-591-2501 TTY/ATS: 613-591-0484

B.N./N.E.: 12821 9201 RR 0001 info@communityresourcecentre.ca www.communityresourcecentre.ca

## Involvement

In which volunteer programs or positions would you like to be involved?

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**Where did you hear about us?** *(please check only one):*

- Community agency       Family/friend       WOCRC staff  
 Media (newspaper/radio/TV)       Volunteer Ottawa       WOCRC volunteer  
 Other (specify):

## References

Please list 2 character references we have your permission to contact:

Name: _____	Name: _____
Phone (day): _____	Phone (day): _____
Phone (eve): _____	Phone (eve): _____

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Volunteer Signature

Date

If you are between 14 and 16 years of age, please have your parent or guardian sign below, indicating approval of your request to volunteer at the WOCRC:

Parent/guardian Signature

Date

**Thank you for your time in completing this form.**



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