

AMA COMMUNITY CENTRE

Bringing care and community together / Jumeler soins et collectivité

Volunteer Application

*Thank you for your interest in volunteering your time and skills within the AMACC's Volunteer Program.
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): _____
Email: _____ Birth month: _____
(We'd like to send you a birthday card!)
Emergency contact: _____ Phone: _____
Relationship to emergency contact: _____
First language: _____ Other languages: _____

Are you Francophone? Yes No

Volunteer Availability

When are you available? Weekdays Weekends Weekday 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:

Involvement

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

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

- | | | |
|---|---|--|
| <input type="checkbox"/> Community agency | <input type="checkbox"/> Family/friend | <input type="checkbox"/> AMACC staff |
| <input type="checkbox"/> Media (newspaper/radio/TV) | <input type="checkbox"/> Volunteer Ottawa | <input type="checkbox"/> AMACC volunteer |
| <input type="checkbox"/> Other (specify): | | |

References

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

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

Volunteer Applicant 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 AMACC.

Parent/guardian Signature

Date

Thank you for your time in completing this form.

Please send completed application to email to info@amacentre.ca.