

IAN ANDERSON HOUSE VOLUNTEER APPLICATION FORM

Date:	
Surname:	_ Given Name:
Address:	Apt:
City:	Postal Code:
Home phone:	Business/cell:
Email:	Preferred method of contact: Phone_Email_
May we call you at work? Yes	No
Name of Employer (company)	
Fax: email	
Are you at least 21 years old? Yes	No
your responses in the indicated spanning of the spanning of th	
2. Why are you interested in applying	as a volunteer with Ian Anderson House?



3.	3. Do you have any specific skills or interests which you feel would be of benefit to the House? (i.e. Office work, fundraising, gardening or maintenance work)									
4.	4. Please indicate the days and hours you will most likely be available.									
Da	У	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday		
	rning		•							
	ernoon ening									
5. Please also indicate below approximately how many hours a week or month you would prefer i.e. every Sunday from 12-3pm (12 hours a month) or every other Sunday from 12-3pm (6 hours a month). Volunteer shifts are typically 3 hours at a time. "On Call shifts" are also available if you prefer not to have a scheduled time.										
6. Do you speak any languages other than English? If yes, please specify.										
7. Please share your previous or current volunteer experience.										



8. Are there any restrictions/limitations or health concerns that we may need to be aware of?	erns that we may need to be aware of?			
9. Is there anything else you would like to add to the above?				
To maintain the integrity of IAH and for the protection of our residents, a screening process winclude an interview, contacting your references and a required criminal reference check. A information received in the course of the application procedure will be kept strictly confidential and be used solely for the purposes of determining the candidate's ability to fulfill the responsibilities of an IAH volunteer. All personal information once reviewed becomes the sol property of IAH. Note: IAH is under no obligation to accept a volunteer for volunteer work ar reserves the right to terminate the volunteer at any given time.	All al le			
Signature: Date:				
REFERENCES: Please provide the names, phone numbers and full addresses of 2 people who we may contagor for references excluding relatives. (i.e. Employer, volunteer agency, clergy, doctor, friend)	act			
Name:Address: Telephone:Relationship to you:				
Name:Address: Telephone Relationship to you:				
I, have applied as a volunteer with Ian Anderson House (IAH) and I consent to IAH contacting the above named references.				
Signature of Volunteer Date				