



HOMESTEAD CHRISTIAN CARE VOLUNTEER APPLICATION FORM

Date:	How did you hear about us? Website <input type="checkbox"/> Charity Village <input type="checkbox"/> Church <input type="checkbox"/> Homestead employee <input type="checkbox"/> Other _____			
Last Name	First	Middle		
Street Address				Home Phone
City	Postal Code	DOB	Email	Cell Phone
EDUCATION – Please complete any applicable sections of the following chart:				
	COURSE OF STUDY	YEARS COMPLETED	DID YOU GRADUATE?	DIPLOMA/ DEGREE
HIGH SCHOOL			<input type="checkbox"/> Yes <input type="checkbox"/> No	
TRADE/ BUSINESS SCHOOL			<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE OR UNIVERSITY			<input type="checkbox"/> Yes <input type="checkbox"/> No	
GRADUATE SCHOOL			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have current: <input type="checkbox"/> First Aid <input type="checkbox"/> CPR Are you at all familiar with mental illness? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, how?				
Past and present volunteer jobs (Describe any):				
Church affiliation (if any):				
Do you have skills or interest in any of the following? (please circle below <i>any</i> that apply)				
Arts Crafts Music Gardening Spiritual Care Writing Cooking/Baking Dancing Sports				
Electrical Plumbing Painting Building maintenance Housekeeping Other _____				

What kinds of volunteer jobs are you interested in? (circle all that apply)			
One-on-one (relational)	One-on-group (relational)	Group-on-group (relational)	Photography
Activities with residents	Maintenance	Spiritual Care with residents	Collective Kitchen
Fundraising for Homestead	Promotions for Homestead	Board member	Special Events
Transportation	Office administration	Provide a service	

Please summarize any special skill/interests/training and note how long you can commit to volunteering (6 months, one year, etc.):

Why do you wish to volunteer with Homestead Christian Care?

As part of its evaluation of my suitability for volunteering, I authorize Homestead Christian Care to contact my references found below. Yes No

****All applicants must produce a current police check with a vulnerable sector search from the last 12 months. All police checks are completed at the expense of the volunteer. ****

REFERENCES			
	NAME AND ADDRESS	TELEPHONE	YEARS KNOWN
1. Non-family personal reference			
Occupation			
2. Pastoral reference (if you attend church)			
Occupation			

APPLICANT'S CERTIFICATION - Please read carefully before signing.

I certify that, to the best of my knowledge, the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete.

_____ Volunteer Applicant's Signature

_____ Date

DO NOT WRITE BELOW - For Homestead's use only

Interview? Yes No Date _____ Hour _____
 Results of Interview _____

Acceptable for volunteering? Yes No Program / Location _____

Interviewed By	Date	Orientation	Date
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Location	Volunteer Position
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RETURN COMPLETED APPLICATIONS TO:
BY MAIL: Teresa Howe, Homestead Christian Care
 Unit A – 249 Caroline St S, Hamilton, ON L8P 3L6
IN PERSON: 195 Charlton Ave W, Hamilton, ON L8P 2C9
Fax: 905-529-0355 **Email:** thowe@hsc.ca