



Grange Hill East Neighbourhood Group (GHENG)

## VOLUNTEER APPLICATION

Thank you for your interest!

Date received (for office use only): \_\_\_\_\_

### Section 1: General Information

The information you provide in this section is confidential and will be used with discretion.

First name(s):	Last name(s):	
Pronouns (they, she, he, etc.):		
Phone number:	Cell number:	
Email:		
Street address:	City:	Postal code:
Please check <input checked="" type="checkbox"/> if you are below the age of 18 years <input type="checkbox"/>		
Emergency contact name:	Emergency contact phone number:	

**Is there anything you would like our volunteer coordinator to know to best support you as a volunteer? Please share any specific supports that will help you participate.**

(Examples: Dietary restrictions, English language learner, childcare, transportation, physically accessible space, allergies, etc.)

**What is your preferred method of communication? Please check  all that apply.**

- Phone Call       Email       Twitter (username): \_\_\_\_\_
- Text Message       Face to Face       Other (please list): \_\_\_\_\_



## Section 2: Interest

Where did you learn about volunteering? Please check  all that apply.

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Website   | <input type="checkbox"/> Poster                        |
| <input type="checkbox"/> Facebook  | <input type="checkbox"/> Word of mouth                 |
| <input type="checkbox"/> Twitter   | <input type="checkbox"/> Student Volunteer Connections |
| <input type="checkbox"/> Instagram | <input type="checkbox"/> Other (please list):          |

Why would you like to volunteer for the Grange Hill East Neighbourhood Group?

Do you have any special interests or hobbies?

Which of the following areas interest you? Please check  all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Preschool Programs (6 years & under) | <input type="checkbox"/> Fundraising                   |
| <input type="checkbox"/> School Age Programs (4+ years)       | <input type="checkbox"/> Outreach                      |
| <input type="checkbox"/> Adult Programs (18+ years)           | <input type="checkbox"/> Promotions/Communications     |
| <input type="checkbox"/> Older Adult Programs                 | <input type="checkbox"/> Office Support                |
| <input type="checkbox"/> Food Resources*                      | <input type="checkbox"/> Committee Member              |
| <input type="checkbox"/> Support Resources**                  | <input type="checkbox"/> Community Engagement Meetings |
| <input type="checkbox"/> One Time Events                      | <input type="checkbox"/> Other (please list):          |
| <input type="checkbox"/> Event Planning                       |  |

\*Emergency Food Cupboard, Garden Fresh Box, Community Garden, Community Kitchens, etc.

\*\*Backpack Drive, Holiday Hampers, Food Drive, etc.



### Section 3: Skills and Experience

Please check  if you have this skill or training. Please underline if you want to learn it.

- Program Planning
- Event Planning
- Fundraising
- Communications
- Graphic Design
- Outreach
- Language Translation
- Childcare
- Office Work
- Data Entry
- Photography
- Facilitation
- Active Listening
- First Aid (within last 3 years)
- Accessible Service Provision
- Diversity and Inclusion Training
- Other (please list):

Please list any previous work or volunteer experience you feel is relevant.

### Section 4: Availability and Time Commitment

How often do you want to volunteer? Please check  the option that works best for you.

- A couple times per week
- Once a month
- Once a week
- One time events only
- Once every other week
- Other (please list):

Please check  the times you are generally available to volunteer.

Time of Day	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When are you available to start volunteering?

If applicable, how long are you available to volunteer?





**Please share any additional comments that will help us to make sure you get the most out of your involvement with the Grange Hill East Neighbourhood Group.**

**Thank you for your interest. Volunteers make what we do possible!**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (if under 18 years of age): \_\_\_\_\_