



Mitchell & Area Community Outreach

Volunteer Application Form

4118A Road 164, RR5
Mitchell, ON N0K 1N0
(519) 348-9765
maco@ritzlutheranvilla.com

Date: _____

First Name: _____ Last Name: _____

Address: Street: _____ Apt/Box/911#: _____

City: _____ Province: _____ Postal Code: _____

Telephone: Home: _____ Business: _____ Cell: _____

Email address: _____

Preferred Method of Communication: Home Phone Business Phone cell phone email

How did you hear about Mitchell & Area Community Outreach?

- | | |
|--|--|
| <input type="checkbox"/> Staff | <input type="checkbox"/> Friend/family |
| <input type="checkbox"/> Volunteers | <input type="checkbox"/> Direct mail |
| <input type="checkbox"/> Website | <input type="checkbox"/> School |
| <input type="checkbox"/> Display or presentation | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Media : _____ | |

Why are you interested in volunteering with Mitchell & Area Community Outreach?

Languages spoken: _____ Languages written: _____

Hobbies, interests, skills or special training:

When are you available?

Weekday Weekend Daytime Evening Flexible

Preferred day(s) of the week: _____

Access to a car? _____

Previous volunteer experience:

Organization: _____ Duration: _____

Duties/responsibilities: _____

Organization: _____ Duration: _____

Duties/responsibilities: _____

Volunteer Opportunities: Note: Some position choices may not be available to volunteer in at this time.

I am interested in the following areas:

Direct Client Service

- Meals on Wheels
- Transportation
- Visiting
- Blood Pressure Clinic
- Exercise
- Dining Programs

Administration

- Data Entry
- General Office Support
- Special Projects

Fundraising/Special Projects

- Home Tour (bi-annual Event)
- Ticket sales
- Special Projects

Employment and Education:

I am currently: Employed Student Retired Other: _____

References: Please provide two references. Do not use relatives. Please provide email addresses.

Name: _____ Relationship: _____

Phone: _____

Email: _____

.....
Name: _____ Relationship: _____

Phone: _____

Email: _____

Thank you for your interest in volunteering with Mitchell & Area Community Outreach.

I hereby certify that all information in this application form is true and complete. By signing below, I grant Mitchell & Area Community Outreach staff permission to contact my references. I give Mitchell & Area Community Outreach staff permission to keep information obtained about me in a safe and confidential manner and to be used for the sole purpose of determining my suitability as a volunteer.

Signature: _____ Date: _____

If you are under the age of 18 you need to obtain parental/guardian consent

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

I acknowledge and accept that this application does not guarantee my acceptance to a volunteer role, and that Mitchell & Area Community Outreach is under no obligation to accept me as a volunteer.

Signature: _____ Date: _____