



**VOLUNTEER APPLICATION FORM**

**Applicant Information**

First & Last Name

Preferred Name

Pronouns

Date of Birth (DD/MM/YYYY)

Preferred Phone #

Address (Street, Town, Province, Postal Code)

Email

Medical Conditions/ Allergies

Emergency Contact

Relationship

Preferred Phone #:

**Availability**

Monday



Tuesday



Wednesday



Thursday



Friday



Flexible/ Able to come when needed

**Please select the locations most suitable for you:**

Markdale

Dundalk

Flesherton

Other

**Are you currently a student requiring volunteer hours?**

Yes

No

**Please select which program(s) you are interested in:**

- Walking Program Leader
- Fitness Programs
- Community Volunteer Income Tax Program
- Food Programs; Meal preparation, cooking, cleaning, packaging etc.
- Community Pantry

- Community Closet
- Community Gardens
- Program Grocery Shopper
- Check -in & Chat
- 2S-LGBTQQIAP+ Peer Leader

Other

**Do you have any interests, hobbies or skills that could benefit new or existing programs at the CHC?**

**Current or Past Work, Volunteer or Education Experience**

**Please provide two references, their contact information and your relationship to them.**

*The SEGCHC will not accept family members as valid references.*

Reference Name	Relationship	Primary Phone #:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Reference Name	Relationship	Primary Phone #:
<input type="text"/>	<input type="text"/>	<input type="text"/>

A current criminal records check issued within 6 months of the start of a volunteer placement is a condition of volunteering with the South East Grey Community Health Centre. Volunteer positions in direct service delivery to children and/or vulnerable persons will also require a Vulnerable Sector Check.

**Please inform us if you have any concerns with completing a records check**

*The collection of personal information is limited to that which is relevant and necessary. The SEGCHC shall not make unwarranted or intrusive inquiries into a volunteer's personal life. The SEGCHC attributes all data that it collects. Personal information shall not be used or disclosed for purposes other than those for which it was collected, except with the consent of the individual or as require by law. Personal information shall not be retrained only as long as necessary for the fulfillment of those purposes.*

*By signing below, I confirm that I have read and understand the above statement.*

Applicant Signature

Date

Thank you for considering a volunteer opportunity at the South East Grey Community Health Centre!

**Please submit your application in-person at one of our locations, by email at [programs@segchc.ca](mailto:programs@segchc.ca), or call 519-986-2222 Ext 6391**