



South East Grey Community Health Centre

Volunteer Application Form

Please fill out this form if you are interested in volunteering at the Community Health Centre. Return this form to the Community Health Centre and a staff person will contact you to discuss current opportunities and make sure our volunteer opportunities will meet your needs. If you have any questions, or need assistance completing this form, contact the Health Promoter or Community Developer at 519-986-2222.

Name: _____

Phone: _____

Email: _____

Address: _____

Emergency Contact: _____

Emergency Contact Phone: _____

Other Emergency Information (Date of Birth, Medical Conditions, Allergies, etc.):

1. What would you like to gain from volunteering (skills, knowledge, training, personal satisfaction, meet people, help people, community service hours, etc.)

2. Please indicate what kinds of volunteer positions interest you:

- Walking Program Leader
- Peer Leader for Living a Healthy Life with Chronic Conditions
- Peer Leader for Seniors Exercise Program
- Community Food Advisor
- Garden Mentor
- Garden Clean-up & Maintenance (Spring, Summer & Fall)
- Fitness Drop-in Volunteer
- Community Volunteer Income Tax Program

Reminder Call Volunteer

Advisory Committees:

- Representing people working hard to make ends meet
- Representing people living on government assistance
- Representing older adults
- Representing youth
- Representing people with lived experience of mental health issues
- Representing Mennonite or Amish communities

Other: _____

3. What skills or experience would you bring to volunteering? (Some examples include: speaking a language other than English, gardening, event planning, business, sports, child care, cooking, parenting, media, etc.)

4. Volunteer & Work Experience

	Employer/ Organization	Type of Work	Length of Stay
1			
2			
3			

5. Please tell us what days and hours you are available:

6. Please list two references, your relationship to your reference and how we can reach your reference:

	Name	Relationship (e.g. Employer, Friend, Neighbour)	Phone Number
1			
2			

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. Personal information shall not be used or disclosed for purposes other than that for which it was collected, except with the consent of the individual or as required by law. Personal information shall be retained 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.

Signature

Date

Thank you for your interest in the South East Grey Community Health Centre.

Please return this form to the Community Health Centre