



VOLUNTEER APPLICATION FORM

**Email, Fax, Mail or
Drop Off Completed
Applications To:**

Our Kids Count
704 McKenzie Street
Thunder Bay, Ontario P7C 3L4
Phone: (807) 623-0292 ext. 243
Fax: (807) 623-1530
Email: volunteer@ourkidscount.ca
Attn: Volunteer Coordinator

GENERAL INFORMATION

FIRST NAME	LAST NAME	PREFERRED NAME	<input type="checkbox"/> M <input type="checkbox"/> Other <input type="checkbox"/> F
ADDRESS		CITY	POSTAL CODE
PHONE NUMBER Home: _____ Work/Cell: _____		EMAIL (please print clearly)	
BIRTHDAY (yyyy/mm/dd)		PREFERRED METHOD OF COMMUNICATION (phone or email)	
EMERGENCY CONTACT: NAME	RELATIONSHIP	PHONE NUMBER Home: _____ Work/Cell: _____	

VOLUNTEER OPPORTUNITIES (CHECK ALL THAT ARE OF INTEREST)

<ul style="list-style-type: none"> <input type="checkbox"/> Committee Member: <ul style="list-style-type: none"> <input type="checkbox"/> Board of Directors <input type="checkbox"/> Bowl for Kids Sake Committee <input type="checkbox"/> Development Committee (Fundraising) <input type="checkbox"/> Planning Team <input type="checkbox"/> Kitchen: <ul style="list-style-type: none"> <input type="checkbox"/> Baking <input type="checkbox"/> Meal Prep <input type="checkbox"/> Morning Munchies Snack Prep <input type="checkbox"/> Open House Breakfast <input type="checkbox"/> Open House Supper <input type="checkbox"/> Mentor: <ul style="list-style-type: none"> <input type="checkbox"/> Big Brother / Big Sister <input type="checkbox"/> Peer Leader: <ul style="list-style-type: none"> <input type="checkbox"/> Community Kitchen Peer Leader 	<ul style="list-style-type: none"> <input type="checkbox"/> Site Assistant: <ul style="list-style-type: none"> <input type="checkbox"/> Administrative <input type="checkbox"/> Cleaning <input type="checkbox"/> Food Cupboard Assistant <input type="checkbox"/> Gardening <input type="checkbox"/> Groundskeeping <input type="checkbox"/> In-Kind Donations Processing <input type="checkbox"/> Maintenance <input type="checkbox"/> Recycling <input type="checkbox"/> Young Parents Program (YPP) Helper <input type="checkbox"/> Special Events: <ul style="list-style-type: none"> <input type="checkbox"/> BINGO <input type="checkbox"/> Bowl for Kids Sake <input type="checkbox"/> CLE Parking Lot <input type="checkbox"/> Face Painting <input type="checkbox"/> Raffle Ticket Seller <input type="checkbox"/> Ribfest
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SITE PREFERENCE Westfort
 McKenzie

HOBBIES, SPARE-TIME ACTIVITIES, SPECIAL SKILLS, TRAINING, CERTIFICATES

PREVIOUS VOLUNTEER/WORK EXPERIENCE

ORGANIZATION	POSITION OR MAJOR RESPONSIBILITIES	DATES: START/FINISH

REASONS FOR VOLUNTEERING

- Community involvement hours (name of school) _____
- Gain experience working with people
 Help others
 Personal growth
- Give something back to the community
 Skills/ career development
 Have spare time
- Meet new people
 Other: _____

AVAILABILITY

AM	PM	DAY
		Monday
		Tuesday
		Wednesday
		Thursday
		Friday
		Saturday
		Sunday

Notes:

(ie: I go to Arizona every winter from November to April)

Please check ✓ and sign below

- I understand that for volunteer positions of trust, successful applicants (18 years & over) may have to undergo a Police Records Check.
- I give permission to use any photos or video taken during volunteering for promotional purposes. This is including but not limited to: Our Kids Count website, Our Kids Count social media pages, and promotional print materials.
- I understand that any breach of confidentiality regarding any information about participants is a cause for dismissal.
- I understand & agree to comply with my roles & responsibilities of my volunteer position as stated in the Volunteer Policies and Procedures.

SIGNATURE OF APPLICANT _____

DATE _____

My child wishes to be considered for volunteer work with Our Kids Count. I hereby give my permission for his / her involvement.

SIGNATURE OF PARENT (if applicant under 18yrs.) _____

DATE _____