



VOLUNTEER APPLICATION

(If you have a current resume, please attach it.)

First Name:	Last Name:	Date:
Address:		Phone (H):
City:	Postal Code:	Phone (W):
Email:		Cell Phone:

Are you 18 years of age or older? Yes No
 Are you presently? Employed Student Retired Not working

Emergency Contact	Relationship	Phone Number

How did you learn about volunteering at Petawawa Centennial Family Health Centre (PCFHC)?

Have you volunteered in the community before? If yes, where?

Please tell us something about yourself (interests, hobbies, special skills):

What type of volunteer assignments interest you the most? :

- Administration support (filing, compiling, mailing, computer, telephone)
- Housekeeping (laundry, cleaning, dusting, watering plants, stocking exam rooms)
- Program support (health promotion, education groups, meals on wheels)
- Fundraising
- Other: _____

Availability	Monday	Tuesday	Wednesday	Thursday	Friday
Mornings					
Afternoons					
Evenings					

Are you interested in volunteering: Regularly Occasionally

I would be comfortable volunteering with:

Children Adults Seniors Patients Staff Volunteers

Are your immunizations up-to-date? Yes No

Do you have any health issues which would affect your performance as a volunteer?

Please provide 2 references (preferably work/volunteer-related, or character reference):

Name	Relationship	Phone #
Name	Relationship	Phone #

I give Petawawa Centennial Family Health Centre permission to contact the above named references for the purpose of reference information to verify my suitability for a volunteer position.

I understand that not everyone who applies is accepted as a volunteer.

Applicants undergo a thorough screening process including interview, police record check, reference check, training & orientation session.

Volunteers under the age of 18 must obtain parental/guardian consent.

All volunteer positions are subject to a trial period and ongoing evaluation.

Information provided in this application will help guide the Centre's Volunteer Services and will not be used for any other purposes without your consent. Our full Centre Privacy Policy is available for review.

Signature of Applicant

Date

Signature of Parent/Guardian (if under 18)

Signature of Volunteer Coordinator/
Office Administrator

**Thank you for your interest in volunteering with the
Petawawa Centennial Family Health Centre.**

**154 Civic Centre Road
Petawawa ON
K8H 3H5**

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Email: info@pcfhc.ca Web: www.pcfhc.ca

Office Administrator

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Email: Carolyn.Patterson@pcfhc.ca