



Centretown Community Health Centre
Centre de santé communautaire du Centre-ville



Dmitri Bajorek, Administrative Assistant
 Champlain SCREEN
 Centretown Community Health Centre
 420 Cooper Street, Ottawa, ON K2P 2N6
 613-233-4443 x. 2500
jdahl@centretownchc.org

VOLUNTEER APPLICATION FORM

GENERAL INFORMATION

Date: _____

Name _____

Address _____ (Street) _____

(City) _____ (Postal Code) _____

Phone (primary) _____ (alternate) _____

E-mail _____

LANGUAGES: please identify languages spoken and /or written

Spoken: _____ Written: _____

Current AVAILABILITY: Please indicate with an X your availability for volunteering.

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Evening					

I am currently: Employed full-time Seeking employment Homemaker
 Employed part-time Self-employed student
 retired Other _____

How did you hear about CCHC's Volunteer Program?

CCHC staff/ volunteer/board member CCHC Website
 Volunteer Ottawa School
 Radio/newspaper/tv Other: _____

EMERGENCY CONTACTS

- Name _____ Relationship _____
 Phone _____ alt _____
- Name _____ Relationship _____
 Phone _____ alt _____

Are you applying for a specific volunteer position or CCHC program?

If yes, please indicate: _____

Why are you interested in volunteering with CCHC?

Are you volunteering as part of a school or community program that requires you to complete a minimum number of volunteer hours? Yes No

If yes, How many hours? _____ By what date ? _____

Name of school or community program: _____

REFERENCES

Please provide two references, at least one from a supervisor (do not include family members)

3. Name _____ Relationship _____
Phone _____ email _____

4. Name _____ Relationship _____
Phone _____ email _____

Authorization for collection of personal information

I authorize Centretown Community Health Centre Volunteer Program staff to collect personal information appropriate to the volunteer position applied for concerning my academic background and employment/volunteer history and to verify the character references I have supplied pursuant to the Freedom of Information Act.

AGREE

Name: _____ Date _____