



HOMESTEAD CHRISTIAN CARE VOLUNTEER APPLICATION FORM

Date:	How did you hear about us? Website <input type="checkbox"/> Charity Village <input type="checkbox"/> Church <input type="checkbox"/> Homestead employee <input type="checkbox"/> Other _____			
Last Name	First	Middle		
Street Address			Home Phone	
City	Prov.	Postal Code	Email	Cell Phone
EDUCATION – Please complete any applicable sections of the following chart:				
	COURSE OF STUDY	YEARS COMPLETED	DID YOU GRADUATE?	DIPLOMA/ DEGREE
HIGH SCHOOL			<input type="checkbox"/> Yes <input type="checkbox"/> No	
TRADE/ BUSINESS SCHOOL			<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE OR UNIVERSITY			<input type="checkbox"/> Yes <input type="checkbox"/> No	
GRADUATE SCHOOL			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have current: <input type="checkbox"/> First Aid <input type="checkbox"/> CPR Are you at all familiar with mental illness? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, how?				
Past and present volunteer jobs (Describe any):				
Church affiliation (if any):				
Do you have skills or interest in any of the following? (please circle below <i>any</i> that apply)				
Arts Crafts Music Gardening Spiritual Care Writing Cooking/Baking Dancing Sports				
Electrical Plumbing Painting Building maintenance Housekeeping Other _____				

What kinds of volunteer jobs are you interested in? (check all that apply)				
One-on-one (relational)		One-on-group (relational)		Group-on-group (relational)
Activities with residents		Maintenance		Spiritual Care with residents
Fundraising for Homestead		Promotions for Homestead		Board member
Transportation		Office administration		Provide a service

Why do you wish to volunteer with Homestead Christian Care?

As part of its evaluation of my suitability for volunteering, I authorize Homestead Christian Care to contact my references. Yes No

REFERENCES

NAME AND ADDRESS	TELEPHONE	YEARS KNOWN
1. Non-family personal reference		
Occupation		
2. Pastoral reference (if you attend church)		
Occupation		

APPLICANT'S CERTIFICATION - Please read carefully before signing.

I certify that, to the best of my knowledge, the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete.

Volunteer Applicant's Signature

Date

DO NOT WRITE BELOW - For Homestead's use only

Interview? Yes No Date _____ Hour _____

Results of Interview _____

Acceptable for volunteering? Yes No Program / Location _____

Interviewed By _____ Date _____ Orientation _____ Date _____

Location _____ Volunteer Position _____

Dec. 2009

RETURN COMPLETED APPLICATIONS TO:

BY MAIL: FAO: Mrs Emily Gowing, Homestead Christian Care
Unit A – 249 Caroline St. S, Hamilton, ON, L8P 3L6

IN PERSON: 195 Charlton Ave W, Hamilton, ON, L8P 2C9

Fax: 905-529-0355 **Email:** emily@hsc.ca