

NORTH SHORE COMMUNITY SUPPORT SERVICES, INC.

SERVICE DE SOUTIEN COMMUNAUTAIRE DE LA RIVE NORD, INC.



Club 90 VOLUNTEER APPLICATION FORM

Club 90 offers a variety of social/recreational activities for adults who suffer from mental illness. If you have an interest in people, a flare for crafts, a love of the outdoors or sports, Club 90 needs you.

We attempt to assign **VOLUNTEERS** to activities in which they feel they can utilise their talents and skills in a rewarding atmosphere and to help empower others. For us to gain a better understanding of you as a person and to determine which areas you could be most effective, would you kindly complete the following application form.

TODAY'S DATE: _____ **DATE YOU CAN START:** _____

NAME: *(please print)* _____

ADDRESS: _____

HOME PHONE: _____ **CELL:** _____

EMERGENCY CONTACT: _____ **PHONE:** _____

PRESENT EMPLOYER/SCHOOL: _____

EDUCATION: *(list last grade completed)* _____

ANY RELATED COURSES IN MENTAL HEALTH: _____

SPECIAL SKILLS, TRAINING, OR HOBBIES: Please indicate any special training, skills, or hobbies that you feel would be beneficial; i.e. Fishing, Fitness, Music, Sewing, Woodworking, Arts & Crafts, etc.

Please indicate any previous **VOLUNTEER** or relevant work experience.

Which languages, other than English can you speak? _____

How many hours are you able to give per week? _____

Please circle the time you would prefer and write which times are best? _____

Mornings Afternoon Evenings Weekends

NORTH SHORE COMMUNITY SUPPORT SERVICES, INC.

SERVICE DE SOUTIEN COMMUNAUTAIRE DE LA RIVE NORD, INC.



Do you have a valid driver's license: **YES** **NO**

Are you willing to drive clients? **YES** **NO**

AREAS OF PREFERRED INTERESTS: (CHECK 3)

- Befriending
- Educational Talks
- Recreation
- Community Relations
- Fundraising
- Sports
- Crafts
- Music
- Dances
- Clerical
- Public Relations
- Other _____

Write a brief synopsis of why you would like to **VOLUNTEER**: _____

List two people (not relatives) who we can contact for references:

NAME: _____

PHONE: _____

NAME: _____

PHONE: _____

Are you related to anyone we employ? **YES** **NO** If **YES** who? _____

SIGNATURE: _____ **DATE:** _____

FOR OFFICE USE ONLY

Interviewed by: _____ Date: _____

Remarks: _____

Personality: _____ Ability: _____

How this person came to this agency to volunteer: _____