



**VOLUNTEER APPLICATION FORM**

Halifax District Office - Child Welfare

Name	
Street	Apt.
City	Prov.
Postal Code	Phone #(h) (w) (c)
Email Address	
Emergency Contact	EC Phone
Drivers License	Car Insurance Co.& Policy no.

Present Occupation/Field of Study

Previous Work/Volunteer experience (you may submit a resume)

Hobbies, Interests, Special Skills

Why do you want to volunteer with the Kids Come First, Child Welfare Program?

Volunteer position(s) preferred	
How did you find out about our volunteer program?	
Please indicate your days and times available	Day(s)    M T W Th F S Sun Times Length of commitment
Are these flexible or likely to change?	
<b>Volunteers are selected based on their overall suitability, time availability and position vacancies.</b>	
Placement Information (for office use only)	
Position:	Orientation Date:
Start Date:	End Date:
Placed with (client/staff name):	

## References

Please indicate two people who would be appropriate, impartial character references, e.g. employer, minister, teacher, doctor.			
Name			
Relationship/Title	Email or Full Mailing Address	Tele	
Name			
Relationship/Title	Email or Full Mailing Address	Tele	
For positions requiring direct contact with clients, e.g., big/study buddy, mother support, we require two additional references.			
Name			
Relationship/Title	Email or Full Mailing Address	Tele	
Name			
Relationship/Title	Email or Full Mailing Address	Tele	

I hereby give Halifax District Office-Child Welfare permission to approach my references for comments as to my suitability as a volunteer with this agency.

\_\_\_\_\_

Volunteer Signature

\_\_\_\_\_

Date