



VOLUNTEER APPLICATION



Thank you for your interest in volunteering for Family Service Kent - C.H.A.P Program

Please complete all sections of this application.

When submitting completed applications include:

- Completed Application
- Completed Police Check for working with Vulnerable Persons
 - Police background checks can be done online at www.ckpolice.com
 - You may have a printed copy of police check application if requested from coordinator
(Note: Must have no criminal charges)
 - Reimbursement for police checks will be after 2 months of service or 100 km with submission of receipts to volunteer coordinator.

Section 1: Applicants Information (Please Print)

Please indicate the volunteer programs that you are interested in:

Volunteer Driver

Bingo (police check not required for bingo only)

Date

Name

Mailing Address

Street

Apt

Town/City

Prov. and Postal Code

Phone:

Date of Birth:

Emergency Contact:

Phone:

Languages Spoken:

Languages Written:

Email:

Section 2: Character References

Please provide phone number that reference is available during the daytime.
Please notify your reference that they will be contacted. We ask that you provide character references that are **not** family members.

Reference # 1:

Relationship to applicant

Address:

Phone:

Reference # 2:

Relationship to applicant:

Address:

Phone:

Section 3: Collection of Personal Information and Declaration of Truth

Authorization for collection of personal information:

I Authorize Family Service Kent, CHAP Program to collect personal information appropriate to the volunteer position I have applied for and the verification of the character references I have supplied.

I understand that the information will be confidential but may be shared with relevant organizations in order to obtain an appropriate volunteer position.

Signature: _____

Date: _____

Declaration:

I certify that the information provided in this form is true and complete, and give the organization permission to verify any information provided. I understand that incomplete or false information is grounds for disqualification at any time. I agree to undergo the required screening procedures for potential volunteers.

Signature:

Date:

Please complete the application form and return it with your police check to:

Family Service Kent, CHAP Program
50 Adelaide Street South
Chatham, Ontario
N7M 6K7

Visit us online at..

Our WEB Site

www.familyservicekent.com

FACEBOOK

www.facebook.com/CHAPatFamilyServiceKent