

**Chatham-Kent Children's Safety Village**

21797 Fargo Road, Blenheim, ON N0P 1A0

T: 519-360-1270 F: 519-360-9182 Website: [www.cksafetyvillage.org](http://www.cksafetyvillage.org)

**Volunteer Application**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Person to call in the event of an emergency: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies/Medical Conditions: \_\_\_\_\_

I agree to provide a minimum of \_\_\_\_\_ hours of volunteer time over the next year.  
(The year runs from the date this form is signed).

The ways in which I am willing to help are:

- |  |  |
|--|--|
| <input type="checkbox"/> Staffing the office               | <input type="checkbox"/> Security for events               |
| <input type="checkbox"/> Cleaning                          | <input type="checkbox"/> Helping with bulk mailings        |
| <input type="checkbox"/> Serving at receptions             | <input type="checkbox"/> Computer data entry               |
| <input type="checkbox"/> Filing, office support            | <input type="checkbox"/> Picking up things around town     |
| <input type="checkbox"/> Coordinating special events       | <input type="checkbox"/> Writing or researcher             |
| <input type="checkbox"/> Answering telephones              | <input type="checkbox"/> Compilation of packages           |
| <input type="checkbox"/> Minute taking                     | <input type="checkbox"/> Meeting preparation               |
| <input type="checkbox"/> Tracking of volunteer hours       | <input type="checkbox"/> Volunteer recruitment             |
| <input type="checkbox"/> Prepare monthly volunteer reports | <input type="checkbox"/> Develop a variety of certificates |
| <input type="checkbox"/> Assist in training new volunteers | <input type="checkbox"/> Technical computer assistance     |
| <input type="checkbox"/> Serve on committee                | <input type="checkbox"/> Other: _____                      |

I have special skills to offer in the following areas:

I am available to help at the following times:

- |                                     |                                   |                                   |
|-------------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Mornings   | <input type="checkbox"/> Evenings | <input type="checkbox"/> Weekdays |
| <input type="checkbox"/> Afternoons | <input type="checkbox"/> Variable | <input type="checkbox"/> Weekends |

I prefer to work:

At a regular schedule     Intermittently     Other \_\_\_\_\_

How are you involved with this organization?

- I am interested in programs related to children and youth
- I regularly attend events that support the Chatham-Kent Children's Safety Village
- I occasionally attend events that support the Chatham-Kent Children's Safety Village
- I am a current donor
- I am a past donor
- I have volunteered in the past

How did you learn about our volunteer opportunities?

- From a friend                       Newsletter
- Newspaper                           Posted notice
- Other:

---

---

Describe what you want to get from your volunteer experience with the Chatham-Kent Children's Safety Village, by checking all that apply:

- Increase skills (specify which areas): \_\_\_\_\_
- Networking opportunities
- Social interaction/fun
- A sense of giving something back/being of service
- An activity different from my work life
- An activity similar to my work life
- Other:

---

Please provide 2 professional references who have known you for a minimum of 2 years:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Daytime #: \_\_\_\_\_ Daytime #: \_\_\_\_\_

Additional Comments, Questions or Concerns:

---

---

---

---

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_