

**Personal Information** 

Last Name

## **Volunteer Application Form**

First Name

## Address City Postal Code Phone Numbers E-Mail Address **Volunteer Opportunities** Specific volunteer interests: Please explain what you are more interested in doing with your volunteer time and talent. Explain briefly why you are well suited to work with the Living Space team: Availability during the week (days + times). Minimum 2 hours/shift: Monday to Friday to Tuesday Saturday to to Wednesday Sunday to to Thursday to



do?	nake a difference to Living Spaces and the work we
Previous experience that you may have in work, so your volunteering at Living Space and may be appl	
Volunteer Profile and History	
Current Occupation	Employer/School Name
Languages Spoken	•

## References

Please list three references. References should be persons such as employers, teachers, ministry/clergy or supervisor at a place you have previously volunteered.

Name	Relationship / Years I've known
Phone Number	E-Mail
Name	Relationship / Years I've known
Phone Number	E-Mail
Name	Relationship / Years I've known
Phone Number	E-Mail



References must be completed, or the application cannot be processed.

I give permission to Living Space to obtain personal information from my references as listed.

I understand that the volunteer/organization relationship can end at any time by either party and that this is not a contract of employment.

Signature	Date
Signature of Parent/Guardian (if under 18)	Date

## Please e-mail complete volunteer package and relevant resume to info@livingspacehub.org

Thank you for applying. All applications are reviewed and the applicant will be contacted for an interview if there is a suitable vacancy availability. Filling out this application does not automatically constitute permission to begin volunteering. All information collected with this form is used to determine suitability for volunteer roles. This form and information obtained through references and police records checks will be kept on file at Living Space in a secure, locked location. The information obtained through this form will not be shared with any outside organizations.

False statements or omissions are grounds to terminate the relationship as soon as they are discovered. Information must be true and complete.

We kindly ask volunteers to notify us of any changes to personal information on a prompt basis.



OFFICE USE	
Application Date:	References Received:
Police Check Processed:	Orientation Date:
Orientation Complete:	Start Date:
Program Manager/Coordinator:	
Additional Notes:	