



Telecare Cambridge Distress Centre
Box 32074
Cambridge ON N3H 5C6

Office: 519.658.2794
www.telecarecambridge.com

VOLUNTEER APPLICATION FORM

(Please print)

PERSONAL INFORMATION

First name: _____ Family name: _____
Address: _____
City: _____ Prov: _____ Postal Code: _____
Home Ph: _____ Cell Ph: _____ Email : _____

AVAILABILITY

Are you available (please check all that apply): Mornings Afternoons Evenings

POSITIONS OF INTEREST

Distress Line Board of Directors Fundraising Committees or Canvassing

COMMITMENT

Can you make a one-year commitment to this program? Yes No
Can you commit to 4 hours a week with one shift a month on a Friday or Saturday or Sunday? Yes No
Can you complete the required training*? Yes No

OCCUPATION

Employer: _____ Title/Position: _____
Description of your position: _____
Business phone: _____ May we phone you at work? Yes No

EDUCATION/TRAINING

High School Grade: _____ College: _____
University: _____ Other: _____

SKILLS

Do you speak languages other than English? Yes No If yes, please specify:
Do you have a valid driver's license? Yes No

Do you have other skills or resources, which might benefit your work as a Telecare volunteer?



Telecare Cambridge Distress Centre
Box 32074
Cambridge ON N3H 5C6

Office: 519.658.2794
www.telecarecambridge.com

VOLUNTEER APPLICATION FORM

(Please print)

VOLUNTEER EXPERIENCE

Are you presently a volunteer? Yes No Have you had previous experience as a volunteer? Yes No

Organization: _____ Type of Work: _____

Organization: _____ Type of Work: _____

Organization: _____ Type of Work: _____

HOW

How did you hear about Telecare Cambridge?

Volunteer Centre

Cambridge Now

Internet

Road Sign

Radio

Current Volunteers

Website

Newspaper

Other? _____

MOTIVATION

Why, at this particular time in your life, have you chosen to volunteer with Telecare Cambridge?

What are your expectations in volunteering with Telecare Cambridge?

What do you hope to gain from being a volunteer?

What life experiences have you had that might be useful to you in working with the Telecare Cambridge volunteer program?



Telecare Cambridge Distress Centre
Box 32074
Cambridge ON N3H 5C6

Office: 519.658.2794
www.telecarecambridge.com

VOLUNTEER APPLICATION FORM

(Please print)

REFERENCE CHECK

We would like to contact two references. (1 Professional &/or Academic and 1 Personal)

Professional/Academic Reference

I _____ (Applicant's name)

hereby authorize Telecare Cambridge to solicit a professional/academic reference, from:

Reference Name: _____ Title: _____

Telephone number: _____ in connection with my application for the position in of _____ with Telecare Cambridge, and release them from liability in regard to same.

Signature: _____ Date: _____

Personal Reference

I _____ (Applicant's name)

hereby authorize Telecare Cambridge to solicit a professional/academic reference, from:

Reference Name: _____

Telephone number: _____ in connection with my application for the position in of _____ with Telecare Cambridge, and release them from liability in regard to same.

Signature: _____ Date: _____

I hereby certify that all information included in this application form is true and complete. I understand that incomplete applications will not be considered, and that providing false information is grounds for immediate disqualification from the application process, or even immediate dismissal if the falsehood is discovered after hiring.

Signature: _____

Date: _____

Please send your completed application to: **Telecare Cambridge**
Box 32074
Cambridge, ON N3H 5C6

Note: Personal information on this form will be used to maintain volunteer records, to make placements and compile mailing lists for fundraising events and newsletters. Questions regarding this collection of information can be forwarded to the Executive Director, Telecare Cambridge Distress Centre, Box 32074, Cambridge, ON N3H5C6. executivedirector@telecarecambridge.com