

PERSONAL INFORMATION

Name:	
Address (including Postal Code):	
E-mail:	Telephone:

EMPLOYMENT

Organization/Company	Position Title/Brief Description	Dates

EDUCATION

School	Program	Date Completed

VOLUNTEER INFORMATION

Please indicate which volunteer position(s) interest you.

- Early Learning, Child Care & Family Resources - Early Learning Enrichment Volunteer
- Community Participation - Vibe Program Assistant Volunteer
- Community Participation – Our Farm Volunteer
- Administration – Welcome Centre Volunteer

Please indicate which day(s) and time(s) you are available to volunteer.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

How long would you like to volunteer?

3 months

3 - 6 months

6 – 9 months

9 – 12 months

VOLUNTEER BACKGROUND

Why do you want to volunteer with KW Habilitation?

What special skills, certificates or interests do you feel could be beneficial?

Do you have previous volunteer experience? If so, please list below.

Organization	Position	Dates

Additional information

Please complete if you are requesting a volunteer/student placement as a requirement for College/University.

School and Campus	Program	Placement Date (e.g. Sept – Dec)

All volunteers and students must provide a Police Check, Record of Immunization and when necessary, CPR, First Aid and Non-Violent Crisis Intervention certification.

Volunteers will receive an Agency orientation prior to starting a placement.

REFERENCES

Please list the name of two people, other than relatives, that we may contact.

Name	Relationship to Applicant	Phone/Email

Consent:

I hereby grant permission to KW Habilitation to contact previous employers, schools, and other organizations indicated on this application (unless indicated otherwise) and I hereby authorize my former employers, schools and other organizations indicated to provide information concerning employment, education and/or character.

I hereby release those individuals or organizations from any and all liability and damages for providing such information.

I hereby declare that the information contained in this application is true and complete to the best of my knowledge. I understand that any omission or misrepresentation of information on this application may disqualify me from a Volunteer or Student Placement with KW Habilitation.

Applicant's Signature

Date

Please email volunteer@kwhab.ca , fax 519-884-8609 or drop off your completed application to:

**Attention: Volunteer and Student Placement Coordinator
KW Habilitation
99 Ottawa, St. South
Kitchener, ON N2G 3S8**

Note: This information is being collected for the sole purpose of processing a volunteer placement.