



VOLUNTEER APPLICATION

“Going for Gold in Customer Service”

INSTRUCTIONS If submitting a resume, ensure the front page of this application is complete and that you have read and signed the **DECLARATION FOR VOLUNTEERING** found at the end of this application form. Applications will be kept on file for 90 days and applicants notified if there is a possible opening within a program of interest.

PERSONAL DETAILS

Surname:	First Name:
Address:	
City:	Postal Code:
Phone #:(Home)	(Work)
E-Mail:	

OFFICE USE ONLY:	
Date Of Interview:	
Program:	
Dbase:	Name Tag:
Start Date:	

PREFERRED WORK (see Volunteer Opportunity Brochure for description of positions)

1 st Choice program:	2 nd Choice program:
Do you want inside or outside volunteer work?	

GENERAL INFORMATION

Have you worked or volunteered at Canada Olympic Park or CODA before? Yes No

If **YES** indicate: Year: _____ Position/Department: _____

Do you speak a second language? Yes No If **YES** which language? _____

How did you hear about our volunteer opportunities? _____

Do you have any relatives or acquaintances working at Canada Olympic Park or CODA? Yes No If **Yes** who? _____

Please provide information on any special experience, skills, or volunteer experience you have that you feel may assist you in your job performance:

AVAILABILITY (When are you available to volunteer?) Please note all shifts are four hours

Weekdays:	Morning	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Afternoon	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Evening	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Weekends:	Morning	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Afternoon	Yes <input type="checkbox"/>	No <input type="checkbox"/>

EDUCATION/TECHNICAL TRAINING



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Name Of Institution	Program or Specialization	Start Date	Completed Date	Award i.e. Dip/Degree/grade
Jr/High School:				
University/College:				
Trade School:				
Other:				

Are you presently attending school? Yes No

If YES specify any dates/days/hours that you would not be available to volunteer:

Are you retired? Yes No Are you currently employed? Yes No

VOLUNTEER EXPERIENCE (Start with the most recent Organization first)

1. Organization's Name & Address:	Position Title:
	Period of volunteering: _____ to _____
	Name of Supervisor: _____ Contact Phone #: _____
Reason for leaving:	Reference check approval: Yes <input type="checkbox"/> No <input type="checkbox"/>
Duties/Responsibilities:	
2. Organization's Name & Address:	Position Title:
	Period of volunteering: _____ to _____
	Name of Supervisor: _____ Contact Phone #: _____
Reason for leaving:	Reference check approval: Yes <input type="checkbox"/> No <input type="checkbox"/>
Duties/Responsibilities:	

DECLARATION FOR VOLUNTEERING

I hereby certify that the facts stated in this volunteer application are true and complete to the best of my knowledge. I also authorize COP/CODA to follow up on all information disclosed and with approved reference checks. I understand that if successful in obtaining a volunteer position, falsified statements on this application shall be considered sufficient cause for dismissal.

Signature of Applicant: _____ Date: _____

If applicant is under 18, Signature of Parent giving consent for applicant to volunteer is required:

Signature of PARENT : _____ Date: _____