

VOLUNTEER APPLICATION FORM

Personal Information:

Name: _____
First Middle Last

Address: _____

City Province Postal Code

Telephone: _____
Daytime Evening

E-Mail Address: _____

Why do you want to volunteer at the John Howard Society of Kingston? _____

Have you any academic or other qualifications or experience which you feel you could utilize as a volunteer? Please Specify.

Have you ever received service from or volunteered with any John Howard Society within the last (5) five years? Yes _____ No _____ (If yes, please specify)

Have you ever been convicted of an offence of which you have not been granted a pardon? Yes _____ No _____

Please mark which areas of volunteer involvement you would prefer.

- | | | |
|---|---|---|
| <input type="checkbox"/> Mailbag Program | <input type="checkbox"/> Institutional Programs | <input type="checkbox"/> Direct/Service Counselling |
| <input type="checkbox"/> Addictions | <input type="checkbox"/> Anger Management | <input type="checkbox"/> Community/Public Relations |
| <input type="checkbox"/> Workshop Facilitation | <input type="checkbox"/> Employment Program | <input type="checkbox"/> Resume Assistant |
| <input type="checkbox"/> Fundraising Program | <input type="checkbox"/> Clerical | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Housing Program/Outreach | <input type="checkbox"/> | |

Are you computer literate? If yes, what software do you have working knowledge of?

John Howard Society of Kingston & District Volunteer Application Form

How many hours do you feel you can reasonably Volunteer per week? _____

Languages spoken: _____ English _____ French _____ Other (Please specify) _____

Please provide us with three references. Please note references should not be family members.

Name: _____

Address: _____

Telephone: _____

Name: _____

Address: _____

Telephone: _____

Name: _____

Address: _____

Telephone: _____

I hereby give the John Howard Society of Kingston and District authority to contact the persons named as references and to make enquiries with the Police and other criminal justice official as necessary to ascertain my suitability as a volunteer.

Signed: _____ Date: _____

Witness: _____ Date: _____

Please mail your application to:
The John Howard Society of Kingston & District
Attention: Coordinator of Volunteer Services
771 Montreal Street
Kingston, ON K7K 3J4

Thank you for submitting an application to the John Howard Society of Kingston & District.

If you have any questions please feel free to contact our Volunteer Coordinator at 613-542-7373 ext. 105