JohnHoward
SOCIETY OF THUNDER BAY & DISTRICT

315 S. Syndicate Ave
Thunder Bay, ON
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www.johnhowardtbay.on.ca
www.facebook.com/jhstbay
@JHStbay

Date: _____

CONTACT INFORMATION:
(Please Print)

_____ _____
Surname Given Name(s)

Phone: (H)_____ (C)_____

(W)_____

Address: _____

(City/Town) _____ Postal Code_____

E-Mail address:_____

Present Occupation: _____ Employer: _____

Resume Attached: _____yes _____no Police Records Check Attached: _____

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

Type of volunteer position seeking: (*Please check all that apply)*

( ) Board of Directors

( ) Student Placement required for:

_____ _____
Course of Study *Institution*

( ) Direct client & community programs: (ie. movie night, monthly dinners, spiritual support, resume help, tutoring etc.) (*specify if applicable*):_____

( ) Cleaning/maintenance

( ) Fundraising and Special Events

( ) Other (*specify)*: _____

Would you be willing, on occasion, to participate in training? Yes _____ No _____

When could you begin volunteering? _____

Please indicate the amount of time you have available for volunteer activities:
4 – 8 hrs per month _____ 4 – 8 hrs per week ____ other (please specify) _____

Please indicate what days/times you are available:

M	Tu	W	Th	F	Sa	Su
Morning	Morning	Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
Evening	Evening	Evening	Evening	Evening	Evening	Evening

Why do you want to be a volunteer with the John Howard Society?

_____
_____
_____
_____
_____

Do you have any academic or other qualifications or experience which you feel you could utilize as a volunteer? Please specify:

_____
_____
_____

Other organization/groups you are currently involved with:

_____
_____
_____
_____

Please list and date any previous volunteer experience:

_____
_____

_____
_____

Have you ever received service from or been a volunteer with any John Howard Society within the last five years? Yes _____ No _____ If yes, please specify: _____
_____
_____

Are you presently under supervision such as bail, probation, parole, or statutory supervision? Yes _____ No ____ If yes, please provide this information in a separate sealed envelope.

References (please provide two)

Name: _____ Address: _____

Relationship _____ Phone # can be reached at: _____

Name: _____ Address: _____

Relationship _____ Phone # can be reached at: _____

In making this application, I hereby give the John Howard Society authority to contact the persons named as references and to make inquiries with the Police and other criminal justice officials as necessary to ascertain my suitability as a volunteer.

Signed: _____ Date: _____