



Thank you for your interest in becoming a volunteer with EGADZ. Prior to participating in our interview process, please answer the following questions: this will help us tailor the interview to your particular situation. Your answers will be kept confidential. Please note, your answers to these questions will not determine whether you are approved as a volunteer; they are simply a guide for us in the interview. All applicants will receive a reply.

Surname

Given name (s)

How do you identify? (i.e. male, female, transgender, two-spirit, etc.)

Birthdate

Address

City

Postal Code

Email address

Home phone #

Best time to call (home)

Work phone #

Best time to call (work)

Cell phone

Best time to call (cell)

How long have you lived in the area?

Do you anticipate any changes in your life in the next year that may impact your volunteering at EGADZ?

Yes            No

Optional: Ethnicity

- First Nations
- Metis
- All Other

In case of an emergency, whom should we notify?

What is your occupation?

Employer

Work address

Length of time at present employment

Does your work/school take you out of town for extended periods of time?

Yes            No

Do you own or have access to a vehicle?

Yes            No

Driver's license #

Please list any clubs, affiliations or organizations of which you are a member

What are your interests, hobbies, or activities?

Which programs are you interested in applying for?

- Gardening
- Recreation
- School support
- Transporting youth
- Other Unsure

How did you hear about this program?

- |   |  |
|---|--|
| <input type="radio"/> Television        | <input type="radio"/> Facebook/Twitter |
| <input type="radio"/> Radio             | <input type="radio"/> Presentation     |
| <input type="radio"/> Newspaper         | <input type="radio"/> Friend/Relative  |
| <input type="radio"/> Current volunteer | <input type="radio"/> Other            |
| <input type="radio"/> Special event     |  |

## References

References must be at least 18 years old. Each one will be contacted to ask for information regarding your suitability to act as a volunteer mentor.

Name of Reference

Relationship to Applicant

Address

City

Postal code

Time known (?)

Occupation/name of firm:

Phone number (home)

(work)

Email address

**Personal Reference** (must have known the applicant for at least two years)

Name of reference

Address

City

Postal code

Time known

Occupation/name of firm

Phone number (home)

(work)

Email address

**Vulnerable Sector Reference** (if no volunteer or paid experience exists in the vulnerable sector within the last five years, an employment reference is required) Please provide a vulnerable sector reference (s) if you have worked or volunteered with a person or organization responsible for the well-being of children under the age of 18 or with vulnerable persons who, because of their age, a disability, or other circumstances are at greater risk than the general population of being harmed by a person in a position of authority or trust relative to them.

Name of Reference

Vulnerable Sector

Yes

No

Address

City

Postal code

Time known

Occupation/Name or firm

Phone number (home)

(work)

Volunteer Signature

Date: