



Volunteer Registration & Application Form

YOUR INFORMATION

First Name: _____ Last Name: _____

Mailing Address: _____

City/Town: _____ Prov: _____ Postal Code: _____

Primary Phone: Home / Work / Cell (circle one): _____

Alternate Phone: Home / Work / Cell (circle one): _____

Email Address: _____



Mark an X
for your
preferred
means of
contact.

Emergency Contact

Name: _____ Relationship: _____

Phone: Home: _____ Work: _____ Cell: _____

City/Town: _____ Prov: _____ Postal Code: _____

More About You

Age Group (please circle one): 18-29yrs / 30-45yrs / 46-60yrs / 61-75yrs / 76+yrs

Employment Status (please circle one): Student / Working / Retired / Other: _____

Education (please circle one): High School / Post-Secondary / Profession or Trade _____

Special Interests, Skills or Hobbies: _____

Do you have allergies we should be aware of? _____

Reference 1:

Organization: _____ Contact Name: _____

Email: _____ Phone: _____

Reference 2:

Organization: _____ Contact Name: _____

Email: _____ Phone: _____

Volunteer Frequency (please circle one)

Daily / Once-a-week / Twice-a-week / Other _____

Volunteer Availability (please circle all that apply):

Mondays / Tuesdays / Wednesdays / Thursdays / Fridays / Saturdays / Sundays

Full Name: _____ - I hereby certify that the information contained in this application is correct to the best of my knowledge.

Signature: _____ **Today's Date:** _____

Certificate of Conduct & Vulnerable Sector Check:

*A Certificate of Conduct & Vulnerable Sector Check is required in order to volunteer in any capacity with The Gathering Place. Please find attached **A)** a letter verifying that you wish to volunteer at The Gathering Place, thereby waiving associated fees **B)** a request for your Certificate of Conduct & Vulnerable Sector Check*

Please return to heather@gatheringstjohns.ca or mail The Gathering Place, PO Box 1761 St. John's, A1C 5P5

For Office Use only:

Tour Date: _____

Conducted by: _____

RNC Date Submitted: _____

RNC Date Returned: _____

Name Tag Printed: _____

Added to Email List: _____

References Checked: Yes No _____

Accepted: Yes No

Processed by: _____

Mondays _____

Tuesdays _____

Wednesdays _____

Thursdays _____

Fridays _____

Saturdays _____

Sundays _____

Tour includes an overview of TGP programs & services along with a brief historical synopsis and summary of mission, vision & values.

Orientation Checklist:

- Expectations & commitments
- Opportunities
(general, special events, professional, etc.)
- Guidelines
- Boundaries
- Confidentiality
- Code of Conduct
- Conflict of Interest Policy
- Dress Code
- Safety & Security (Inc. OH&S)

Reviewed By: _____

Date: _____