Madawaska Valley
Association for
Community Living

19491 Opeongo Line, P.O. Box 1178,
Barry's Bay, Ontario K0J 1B0
Tel: (613) 756-3817 Fax: (613) 756-0616
www.mvacl.ca

Volunteer Opportunities Application

Name:			
Current Address:		**Alternate Address:** (for summer etc.)	
City:	**Postal Code:**	**City:**	**Postal Code:**
Phone:		**Phone:**	
Work Phone:		**Student:** ☐ Yes ☐ No **If yes ↓**	
Cell Phone:		**School and year:**	
E-mail Avenue:		**Program:**	

PLEASE ✓ THE PROGRAMS YOU ARE INTERESTED IN:

	Recreation Volunteer		**Fundraising**
	Community Friend		
	Life Skills Volunteer		

HOW DID YOU HEAR ABOUT OUR VOLUNTEER OPPPORTUNITIES?

	Someone I Know		**Community Living Website**		**Other**
	Flyer		**Newspaper Ad**		

Please answer the following questions as thoroughly as possible:

Why would you like to volunteer for Madawaska Valley Association for Community Living?

Do you have any previous personal, work, or volunteer experience with people who have intellectual disabilities? If yes, please describe your experience.

Please describe your personal qualities, training or skills that you feel enable you to provide support to someone who has an intellectual disability.

Have you ever volunteered before? If so, please indicate where you volunteered and the tasks you were responsible for.

PLEASE SELECT YOUR PREFERENCE (if any):

I would like to volunteer with:

☐ **Adults** ☐ **Seniors**

I would prefer to work with

☐ **Male** ☐ **Female** ☐ **Doesn't Matter**

Do you have any other preferences regarding the person that you are matched with?_____

_____

_____

_____

_____

PLEASE LIST THE DAYS AND TIMES, AS ACCURATELY AS POSSIBLE, WHEN YOU ARE AVAILABLE FOR VOLUNTEER WORK:
(Example: Monday 2-4 p.m.)

	SUN	MON	TUES	WED	THUR	FRI	SAT
Morning							
Afternoon							
Evening							

Other information we may need to know about your availability:

_____

_____

Could you have the use of a car for your volunteer work? ☐ **Yes** ☐ **No**

Do you have a valid driver's license? ☐ **Yes** ☐ **No**

What are some of the activities you presently enjoy? What clubs/groups do you belong to? _____

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Are there any activities that you have never tried before but would like an opportunity to try?_____

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_____

Are there any activities / groups / clubs that you've tried or belonged to in the past?_____

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_____

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_____

..... some examples of activities might include.....

Arts & crafts roller blading swimming woodworking gardening puzzles biking bingo movies theatre church activities dancing skating computers drama music animals games reading shopping sewing sports boating skiing hiking aerobics

Please provide the following information for three references that we may contact. At least one must be an employment, volunteer and/or educational reference (one work, one personal).

Name:
Occupation: **Phone: ( )**
Email Address
What is your relationship with this reference?
How long have you known this reference?
What is the best way/time to contact this person?

Name:
Occupation: **Phone: ( )**
Email Address
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Name:
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Is there anything else you would like us to know about you or your interest in volunteering with our agency that will help us in the matching process? _____

_____

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Madawaska Valley Association for Community Living places great value upon its volunteers and the work that they do. As a result of this we request the following of all volunteers who work with our agency:

1. **Agreement to participate in an orientation session and any other training requirements necessary for the volunteer position.**
2. **A signed affirmation of confidentiality.**
3. **A Vulnerable Sector Screening Check.**
4. **Three references that we may contact (one work, one personal).**

I hereby verify that I have read and completed this application form to the best of my knowledge and agree to the fulfillment of the three requests listed above.

Signed_____ **Date**_____

Approved September 19, 2013
Board of Directors