

Certification/Training:

Skills and Interests:

How did you hear about volunteer opportunities at Gilda's Club?

Have you been impacted by cancer? If yes, how?

Please indicate below the type(s) of volunteer activities you are interested in:

Note: Position Descriptions will be reviewed at the interview.

Bingo! Outreach Special Events* Fundraising* Social Media Program Facilitator**

*We have a number of special events/fundraisers. Duties vary and will be discussed with you.

Event locations TBA.

**Training/certification required.

Availability for volunteering. Please indicate : Once a week Once a month Special Events only

Days Available: Mon Tues Wed Thurs Fri Sat/Sun

I'm available: Mornings Afternoons Evenings Weekends

I am able to commit to a regular schedule: Yes No

Comments:

Note: opportunities vary in commitment and may be weekly/year round/one time/annual.

Emergency contact

Name:

Relationship:

Phone:

Email:

Additional information: Please note if you have any of the skills listed below:

- Driver's License plus access to car
- Experience working with Children
- Languages (optional) note verbal and written:

Please read carefully:

I know of no reason in my history that would preclude my volunteering in this area and I give permission for Gilda's Club Greater Toronto to conduct a vulnerable person's police clearance check, should they deem this necessary for my role if accepted into the program.

I certify that all information given in this volunteer application for Gilda's Club Greater Toronto is true, complete and correct. I understand that any false information on this application is cause for dismissal as a volunteer for Gilda's Club Greater Toronto. I also understand that any behaviour deemed intolerable, is also cause for refusal/dismissal.

Prior to being assigned a position, volunteers are required to successfully complete an interview, references, orientation/training session, vulnerable person's police check (steps as required based on the role).

Thank you for your interest in volunteering. Applicants whose qualifications meet the program needs and skill requirements will be contacted for an interview as we may have more applicants than positions available.

References: Please provide the names/contact information of two people you have known for at least one-year and not a family member or friend.

Reference # 1

Name:
Relationship:
Telephone:
Email:

Reference # 2

Name:
Relationship:
Telephone:
Email:

Are you volunteering to fulfil a requirement of another program? I.e. OW, JIP.

Yes ___ No ___

Applicant's Signature:

Date: