



## Volunteer Application Form

Please complete and return to Kimberly Penton, Volunteer Coordinator

Email: [volunteer@gildasclubtoronto.org](mailto:volunteer@gildasclubtoronto.org)

**Full Name:** \_\_\_\_\_ **Pronouns:** \_\_\_\_\_

**Age Category (optional):** 18 – 30    31-50    51-70    70+

**Address:** \_\_\_\_\_ **City/ Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Main Intersection:** \_\_\_\_\_

**Phone:** (HM) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Office) \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

### Emergency Contact Information

**Emergency Contact Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Describe your reasons for wanting to volunteer at Gilda's Toronto:



**GILDA'S CLUB  
GREATER TORONTO**

An Affiliate of the  
**CANCER SUPPORT COMMUNITY**

Please describe your volunteer experience:

Education

Work experience

Certification/Training

Skills and interests

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

Has cancer impacted you? If yes, how?

Please indicate below the type(s) of volunteer activities you are interested in. Position Descriptions will be reviewed at the interview.

bingo       special events       fundraising       marketing and communications

program support       program facilitator\*\*       child/youth program support

\*We have a number of special events/fundraisers. Event locations are to be confirmed.

\*\*Training/certification required.



Availability for volunteering (Please indicate below)

Frequency  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 can commit to a regular schedule  Yes  No

Comments:

Note: opportunities may vary in commitment.

Additional information.

Please note if you have any of the skills listed below.

Driver's license and access to a car

Experience working with children.

Languages (optional). Please note verbal and written

Other

Are you volunteering to fulfil a requirement of another program? Yes  No

References

Please provide the names and contact information of two people you have known for at least one year who are not family members or friends.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_



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Please read carefully:

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

I certify that all information in this volunteer application for Gilda's 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 Toronto. I also understand that any behaviour deemed intolerable is also cause for refusal or dismissal.

Prior to being assigned a position, volunteers are required to complete an interview, references, orientation/training session, Vulnerable Person's Police Check (If applicable to the role. An annual Declaration may be required).

Most roles require a minimum of six months commitment. Hours and times will vary based on the role and will be mutually agreed upon. I am prepared to make this commitment.

Thank you.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_