



VOLUNTEER SERVICES DEPARTMENT
150 Victoria Ave, Chatham ON N7L 3A6
Phone: 519-351-4811 Fax: 519-351-9151

VOLUNTEER APPLICATION

Applicant Form: Print *clearly and return the completed form to "Myles' Miracle Mission"*.

(Check one) Miss Ms. Mrs. Mr.				Today's Date:	
First Name:		Middle:		Last Name:	
Home Street Address:					
City:				Postal Zip code	
Home Telephone: ()			Date of Birth:		
Work Telephone: ()					
Cellular Telephone: ()			E-Mail Address:		
Are you currently employed?		?Yes (If yes, please complete information below)		? No	
Employer:			Address:		
Describe Job Duties:					
EMERGENCY INFORMATION:					
Name:			Relationship:		
Home Telephone: ()			Work Telephone: ()		
			Telephone No: ()		

Do you have any physical limitation that would impair your ability to perform as a volunteer with "Myles' Miracle Mission"
If yes, explain:

Have you ever been arrested or convicted of a crime? Yes ? (If yes, please explain below) No ?
(An affirmative response will not automatically disqualify you from being considered).

Name of friends and/or relatives volunteering with Myles' Miracle Mission		
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

Education:	
Name of High School:	<i>High School Graduate (check) ? Yes ? No</i>
Name of College:	<i>College Graduate: (check) ? Yes ? No</i>
Name of Graduate School:	<i>Graduate School Graduate (check) ? Yes ? No</i>

Specialized Education or Training (Please list):

Personal References:			
Name:	Relationship:		Telephone:
Name:	Relationship:		Telephone:

Volunteer Experience: (List current or previous volunteer activities you have been involved with):

Name of Volunteer Program	Type of Duties Performed	Date
1.		
2.		
3.		

Please explain your interest in volunteering:

Is there a particular type of assignment or volunteer duty you would prefer to do?

Type of Volunteer Assignment Preferred: (Check one)	Volunteering ? in programs directly interfacing with public.	Volunteering ? in programs that involve clerical duties with minimal public interaction	Volunteering ? in programs that include both directly interfacing with public and clerical responsibilities.
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List languages spoken other than English:	List Languages written other than English:
_____	_____
_____	_____

VOLUNTEER ASSIGNMENTS:
Shift schedules are normally based on a 4-hour consecutive assignment.
Assignments start times vary and are available throughout the day and into the evening
Evening starting times can begin from 4:00 P.M. with the last shift beginning at 9:00 P.M.

Indicate the day or days of the week you are available to volunteer as well as the starting shift schedule you would prefer. If you are flexible in the days of the week and starting time, please go ahead and place a check in any of the boxes based upon your availability. This information will help us to determine the possible position openings that may be of interest to you when you meet with the Volunteer Services Coordinator.

Please Check (?) the Shift Schedule(s) and Day(s) You Are Available to Volunteer							
Volunteer Shift Start Times	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Anytime no preference							
Morning between 9:00 AM to 1:00 PM							
Afternoons between 1:00 PM to 4:00 PM							
Evenings starting after 4:00 PM							

Volunteers may assist in other areas depending on the need

Office and/or Technical Skills	Creative Skills	Other Skills
Accounting	Humor/Storytelling	Faxing
Computer Knowledge		Food Service Experience
Filing	Musical Instruments	Ticket Sales
Office ?Machines (10-key Adding)	Sing	
Reception Desk Skills	Face Painting	
Telephone	Drawing/Painting	
Typing	Make-Up (Cosmetology)	
List Other skills and/or experiences:		

APPLICANT’S STATEMENT

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge, and agree to have any of the statements checked by the organization or its representatives. I understand that providing any false or misleading information or any omissions may disqualify me from further consideration as a volunteer and may result in my immediate termination even if discovered at a later date.

I authorize representatives of Myles’ Miracle Mission to conduct a thorough investigation of my activities, and authorize all references provided in this application, as well as all other individuals, whom the Organization or its representatives may contact, to provide all information they have about me. Furthermore, I agree to cooperate in such investigation, and release from all liability or responsibility of the Organization, all persons and entities acting on its behalf, and all persons and entities requesting or supplying such information.

_____ Date

_____ Signature of Applicant

Thank you for completing the volunteer application! Please remit the completed application to Myles’s Miracle Mission-CANcer ASSIT, 416 St. Clair St, P.O. Box 20085 Chatham On N7L 5K6. A representative of Myles’ Miracle Mission-CANcer ASSIST will contact you to set up an appointment to meet with you or to conduct a telephone interview.

