



## VOLUNTEER/SUPPORT WORKER APPLICATION

Please fill out the following fields.

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

Dates Available: From \_\_\_\_\_ to \_\_\_\_\_

Exceptions to dates above: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Position: \_\_\_\_\_

Occupation: \_\_\_\_\_ Sex: ☐ Male ☐ Female

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Provincial Health Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Parent: \_\_\_\_\_

Email: \_\_\_\_\_ Parent Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

I have been advised of the responsibilities of my position and understand that I am directly answerable to the Director. I further understand and have been advised of the amount of remuneration due me (if applicable). I agree to work in harmony with those around me and to respect the rules, regulations, policies, procedures and religious beliefs of One Hope Canada along with the Ministry Point I am applying to.

I further understand that, given the sensitive nature of working with and around children, and the expectation of society and regulatory bodies and insurers, One Hope Canada requires this application, current references, and criminal records, and abuse registry checks on file for "ALL" personnel.

I declare all this information to be accurate to the best of my knowledge. I hereby authorize One Hope Canada access to information with respect to my person from Police/Child Abuse registry files.

Date: \_\_\_\_\_ (mm/dd/yy) Signature: \_\_\_\_\_

## REFERENCES

I hereby provide the names and full addresses of my pastor or employment supervisor and two other adult acquaintances over 25 years of age that are not relatives. (Incomplete addresses hold up the application process). I have informed my references that I have used their name and asked that they provide a quick response.

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

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone number: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone number: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone number: \_\_\_\_\_