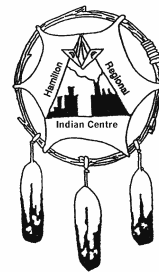


**Hamilton Regional Indian Centre**  
34 Ottawa Street North  
Hamilton, Ontario  
L8H 3Y7  
Phone (905) 548-9593, Fax (905) 545-4077



## VOLUNTEER APPLICATION FORM

Today's Date:      /      /     

Please **PRINT** and use black or blue ink **ONLY**.

### Applicant Info:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ PC: \_\_\_\_\_

Phone Number (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Current Occupation: \_\_\_\_\_

### Emergency or Parent Info:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ PC: \_\_\_\_\_

Phone Number (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

In what ways would you prefer to be involved? Circle all that apply to you.

Fundraising  
Cleaning of Building  
Cooking  
Maintenance  
Computer/Technical

Driving  
Community Activities  
Elders  
Youth/Children Programs  
Administration

Telephoning  
Other \_\_\_\_\_

Are you a Hamilton Regional Indian Centre member? Yes \_\_\_\_\_ No \_\_\_\_\_

Previous Volunteer Experience: \_\_\_\_\_

What skills do you have that you might like to share with our organization?  
(IE: crafts, hobby, storytelling, dancing, language, music, cooking, etc.)

Do you have any certificates or formal education that may be applicable? Please Specify.

I agree not to consume, use, possess, or be under the influence of any drug or alcohol products while volunteering for the Hamilton Regional Indian Centre. I understand that any conduct or pattern of conduct that would tend to disrupt, diminish or otherwise jeopardize public trust in the Hamilton Regional Indian Centre will result in dismissal of all volunteer placements.

I understand that all information on this form voluntarily supplied and may be used and disclosed for volunteer purposes only. I hereby volunteer my services and understand that I am not a paid employee of this agency. By becoming a volunteer of the Hamilton Regional Indian Centre I understand that I will have the opportunity to participate in many individual and group volunteer projects. By signing this application, I (parent/guardian, if member is under 18) grant permission for participation in events without requiring additional permission forms. This application may be reviewed by funding organizations for the purposes of monitoring only. I release, relinquish, and remise the Hamilton regional Indian Centre, its employees, agents, and representatives from any and all cause of action or liability which I may have or which arise of, or result, of the reports herein authorized. Furthermore, I understand that my failure to execute this information consent will result in my not being further considered for volunteerism. The Hamilton Regional Indian Centre reserves the right to request a criminal record CPIC/VSS. Individuals who refuse to comply with this request will not be accepted as a volunteer. Acceptance as a volunteer is at the discretion of the organization.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Parent/Guardian Signature

Please return:  
Jody Dawn, Human Resources Coordinator  
Hamilton Regional Indian Centre  
34 Ottawa Street North  
Hamilton, ON  
L8H 3Y7

For Office Use Only

Approved By: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_