



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:

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? Pick all that apply to you. Hold down CTRL and click on all that apply.

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 is 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 purpose 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 Manager
Hamilton Regional Indian Centre
34 Ottawa Street North
Hamilton, ON
L8H 3Y7

To send to Jody Dawn Via Email

For Office Use Only

Approved By:

Signature:

Date: