

## SAM Program Volunteer Application Form:

**Program Site:**       Central                       East                       Flam

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

**Address:** \_\_\_\_\_  
#      Street                      City                      Postal Code

**Phone:** \_\_\_\_\_  
Home                      Other

**E-mail:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_  
Name                      Phone

**Age Range: (for statistical purposes only)**

14 to 18 yrs.       18 to 30 yrs.       30 to 50 yrs.       50 to 60 yrs.       60 + yrs.

**Educational Background:**

Highest Grade Completed: \_\_\_\_\_

College: \_\_\_\_\_

University: \_\_\_\_\_

Related Courses/Workshops: \_\_\_\_\_

**Employment History:**

	Most Recent:	2 <sup>nd</sup> :	3 <sup>rd</sup> :
Organization:			
Start Date:			
Finish Date:			
Supervisor:			
Phone Number:			
Position/Title:			
Duties:			

**References:** In order to assist us with screening of potential volunteers, we ask that you provide three

names of people who have consented to give you a reference. These could be people mentioned above under past employment or volunteer history or others such as colleagues or neighbours.

1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

3) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I grant the SAM Program permission to contact the above references:  Yes  No

**General Data:**

How did you learn about the SAM Program? \_\_\_\_\_

When can you start? \_\_\_\_\_ How often can you volunteer? \_\_\_\_\_

How many hours per visit? \_\_\_\_\_

**Interests/Hobbies:** \_\_\_\_\_

\_\_\_\_\_

**Special Skills:**

\_\_\_\_\_

\_\_\_\_\_

**Languages Spoken:** \_\_\_\_\_

**Declaration Of Accuracy Of Information And Release Of Information Authorization:**

To Whom It May Concern:

I hereby certify that the facts set forth in the above Volunteer Application are true and complete to the best of my knowledge. This further authorizes the SAM Program to make any inquiries usually required to determine my suitability for volunteering as well as any employers and/or others to release to the SAM Program any information which will assist the SAM Program to determine my suitability for a volunteer position.

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