



## Application for a Volunteer or Work Placement Experience

Application Date: \_\_\_\_\_

Please indicate the experience you are applying for by checking one:

Volunteer  
 Work Placement

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

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**AVAILABILITY (List days and hours):** \_\_\_\_\_  
\_\_\_\_\_

### EDUCATION

Highest Level of Education: \_\_\_\_\_

### EMPLOYMENT

Current Employer, if applicable: \_\_\_\_\_

Position/Title: \_\_\_\_\_

### UNIVERSITY/COLLEGE/TRAINING INSTITUTE

School currently attending, if applicable: \_\_\_\_\_

Course of Study: \_\_\_\_\_

## **SKILLS & EXPERIENCE**

Do you have a current First Aid/CPR certificate? No  Yes

Do you have a current Non-Violent Crisis Intervention Certificate? No  Yes

Can you provide a clear Police Record Check with Vulnerable Sector Screening? No  Yes

List any special training, skills, hobbies (use the back if necessary): \_\_\_\_\_

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Groups, clubs, organizational memberships: \_\_\_\_\_

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Prior Volunteer Experience (include organization names and dates of service): \_\_\_\_\_

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What experiences have you had that may prepare you to work as a volunteer in the field of Developmental Services for Adults? \_\_\_\_\_

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Why do you want to volunteer with Alternatives Community Program Services? \_\_\_\_\_

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What do you want to gain from this volunteer experience? \_\_\_\_\_

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Do you have any requests for accessible accommodation? (Please identify) \_\_\_\_\_

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## REFERENCES

Please list three people who know you well and can attest to your character, skills, and dependability. Employers, teachers, colleagues or other associates are acceptable.

Name/Organization	Relationship to you	Length of relationship	Phone number

**Please read the following carefully before signing this application:**

- I certify that information provided is true and complete to the best of my knowledge.
- I understand that this is an application for a volunteer opportunity and that only successful applicants will be invited to interview.
- I understand that information contained on my application will be verified by Alternatives Community Program Services.
- I understand that misrepresentations or omissions may be cause for rejection as an applicant or later termination as a volunteer.
- If accepted, I understand that I will be required to complete Alternatives' comprehensive orientation process
- I understand that all positions with Alternatives are contingent on a successful probationary period, to be determined by Program Directors.

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(Print Name)

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(Signature)

*Thank you for taking the time to complete this application in full.  
Please print, complete, sign, then email/fax or mail to;*

*270 Braidwood Avenue, Peterborough, ON K9J 1V3  
Fax 705-742-0943  
Phone 705-742-0806  
info@AlternativesPtbo.ca*