



## **VOLUNTEER APPLICATION FORM**

(Please complete the entire application by printing your response or use only blue or black ink and print clearly)

Please submit completed application forms to the address below or by email to [volunteer@theworldsourvillage.org](mailto:volunteer@theworldsourvillage.org)

### **SECTION ONE: PERSONAL INFORMATION:**

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

**School/Area of Study/Year or Grade:** \_\_\_\_\_

**ADDRESS:**

**Number and Street:** \_\_\_\_\_

**City / Province / Postal Code:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Citizenship:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_ (Print clearly)

**Telephone number:** \_\_\_\_\_

**Gender:**  Female  Male

**Summer Contact info (if different from above):**

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

**City/Postal Code:** \_\_\_\_\_ / \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Do you have a valid passport:** Yes No

**Passport Number:** \_\_\_\_\_ (Not required until acceptance in the program)

**Country of Issue:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_



**SECTION TWO: EXPERIENCES**

**Occupational Experience:**

Please list your last *three* jobs, beginning with the most recent, including voluntary work.

| Dates from/to | Occupation | Name of employer |
|---------------|------------|------------------|
|               |            |                  |

**SECTION THREE: OTHER RELEVANT SKILLS AND EXPERIENCES**

**What languages do you speak fluently?**

English € French € Spanish € Other \_\_\_\_\_

**Any current or past disabilities or infirmities, physical or mental? No Yes**

**Any special interests, work or accommodation preferences? No Yes**

**If you have answered yes to either of the two questions above or have other preferences you would like us to know about, please provide details:**

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**Has there been a time in your life when you had to go beyond your comfort zone? If yes, please explain:**

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**Experience:**

**a) Please describe experiences working with or being involved with people who are marginalized or disadvantaged.**

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**b) Please list any cross-cultural experiences you have been involved in.** (within Canada is acceptable)

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Since you may be in a position of providing care for individuals who are vulnerable, we ask that you please complete the following health questions. (If your application is accepted, you will also be required to submit to a medical review.)

- |                     |  |                     |  |
|---------------------|--|---------------------|--|
| Heart Disease       | <input type="checkbox"/> Yes <input type="checkbox"/> No | Mental Illness      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Asthmatic           | <input type="checkbox"/> Yes <input type="checkbox"/> No | Substance Addiction | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Mobility Impairment | <input type="checkbox"/> Yes <input type="checkbox"/> No | Other               | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If the answer is yes to any of the above, please elaborate thoroughly.

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**SECTION FIVE: REFERENCE**

Please give us the full name and contact details of an academic or professional reference. (No personal references please)

Reference: Academic / Professional (circle one)

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

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

Telephone number: (Daytime/Evening) \_\_\_\_\_

How many years has this person known you? \_\_\_\_\_

In what capacity? \_\_\_\_\_

Please write your questions or concerns (if any):

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**SECTION SIX: DECLARATION**

(Your application will not be complete without a properly signed declaration. Please read the declaration carefully and sign below. Application submitted via email are still required to send a signed declaration via fax or contact us for other arrangements.)

**I declare that the information given on this form is to the best of my knowledge true and complete. I agree to Our Village checking on any references in connection with this application and understand that these will be confidential between the referee and Our Village. I also agree to any Criminal Records Bureau or Police checks which may be required as part of Our Village procedures.**

**I agree that the information provided in this application form may be processed by Our Village in relation to my application in order to assist in the decision making process. I further expressly agree that, should it be necessary to validate any of the information provided therein, Our Village may release the information for verification purposes. If I am successful in my application, it is agreed that any information provided will be retained by Our Village in a secure and confidential file, and the contents used only for necessary business purposes, subject to my express consent for disclosure where necessary.**

**Our Village does not sell or redistribute your personal information.**

**Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_ (Please Print)

**Date:** \_\_\_\_\_