



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

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: 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:

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



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.

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):



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: _____