



Date

FOR USE BY PROGRAM COORDINATOR	Volunteer Role
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Last Name

First Name

Address

City

Province

Postal Code

Home Telephone No.

Work Telephone No.

Cell Phone No.

Home Email Address

Work Email Address

Driver's License No.

Date of Birth

Auto Insurance Company

Liability Coverage

Emergency Contact Name

Telephone No.

Present Occupation

Full Time Part Time

How did you learn about volunteering with Couchiching Jubilee House?

Why do you want to volunteer with Couchiching Jubilee House?

Empowering vulnerable women to improve their quality of life through a program of individualized support and transitional housing.



Have you viewed a CJH or Accessibility DVD?

CJH Video Accessibility Video

Have you completed a course in:

First Aid/CPRR Date: _____ WHMIS Date: _____

Please indicate current or previous work experience

Education / Training Background

Interests, skills, hobbies

Previous / present volunteer experience

Please note any health restrictions and/or allergies

Languages spoken in addition to English

When are you available?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are there extended periods during the year when you are not available - e.g. family vacations?

Areas of Interest as a Volunteer

Life Skills Development

- Cooking
- Shopping
- Sewing and Crafts
- Personal Financial Management
- Organization and Time Management
- Basic Computer Skills
- Tutoring

Circle of Support in collaboration with Program Coordinator

- Ongoing support, coordination of services, strength assessment and goal setting.



Short Term Assistance

- Transportation
- Childcare
- Assist with moving
- Apartment cleaning at changeover

Jubilee House Administration

- Office support
- Office relief
- Board of Directors
- Program outcomes/Post evaluations
- Fundraising /Public Relations
- Ticket sales
- Speaking engagements
- Website/computer
- Operational Guidelines/Policy Formation

CJH Facilities

- Building Maintenance
- Property Repairs/Painting
- Gardening
- Assist Residents in maintaining common areas and grounds of "house"

Surveillance

- Monitor Surveillance system

Reference Check

The policy of Couchiching Jubilee House requires all volunteers to supply references. Please list below the names, full addresses and telephone numbers of three references, none of whom are relatives.

Name	Relationship	Address	Telephone No.

I hereby authorize Couchiching Jubilee House to contact references to aid in determining my suitability for volunteer placement at Couchiching Jubilee House. I understand that any information obtained will be considered confidential.

Signature

Date