

Volunteer Intake CONFIDENTIAL

Date: _____

Sections A, B, and C to be completed by all volunteers/placements, Section D to be completed at interview with volunteers/placements, Section E completed for students and placements.

Section A: Personal Information

First Name _____ Last Name _____

Apt # _____ Address _____ Street _____

City _____ Province _____ Postal Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail _____

Languages: English (spoken)
 English (written)
 French (spoken)
 French (written)
 Other _____

Age: 14 – 17 years
 18+ years

Date of birth: _____

DD/MM/YY

Male Female
(to be completed after placement)

Member of The Good Companions Yes No

Transportation: Car Bus ParaTranspo Other _____

Emergency Contact:

Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Section B: Referral Source (please check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Client | <input type="checkbox"/> New Member
(Less Than 1 Year) | <input type="checkbox"/> The Good Companions
Web Site |
| <input type="checkbox"/> Member | <input type="checkbox"/> Staff Referral | <input type="checkbox"/> Volunteer Ottawa |
| <input type="checkbox"/> Familiar with organization | <input type="checkbox"/> In Area | <input type="checkbox"/> Other:
_____ |
| <input type="checkbox"/> Friend or Family | Media (Newspaper/Television):

(Please note name) | |

Section C: Areas of Interest (please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Volunteer | <input type="checkbox"/> Placement |
| At The Good Companions Centre | |
| <input type="checkbox"/> Office /Reception
(phones, photocopying, booking appointments) | <input type="checkbox"/> Driver
(requires own car) |
| <input type="checkbox"/> Dining Room
(bus tables, carry trays, assist seniors) | <input type="checkbox"/> Friendly Visitor
(requires home visit to clients) |
| <input type="checkbox"/> Assisting Seniors (Day Away Program) | <input type="checkbox"/> Grocery Bus Helper |
| <input type="checkbox"/> Assisting Adults with Physical Disabilities (LunchAbility) | <input type="checkbox"/> Phone Caller
<input type="checkbox"/> TAP <input type="checkbox"/> Telechat |
| <input type="checkbox"/> Teaching Specialty _____ | <input type="checkbox"/> Home Maintenance |
| <input type="checkbox"/> Sales Clerk | |
| <input type="checkbox"/> Committee Member Specialty _____ | |
| <input type="checkbox"/> Finance
(count and record money, cashier) | |
| <input type="checkbox"/> Administration Functions | |
| Other: _____ | |
| <input type="checkbox"/> Entertainer Specialty : _____ | |
| <input type="checkbox"/> Crafter Specialty : _____ | |
| Areas of Non Interest: _____ | |

Section D: Qualifications (to be completed at interview)

Reason for volunteering:

Previous volunteer experience:

Previous employment /current employment if applicable:

Would you like us to keep your current employer informed of your volunteer service and achievement?

Yes No

Current Employer:

Phone:

Education/Certifications: (courses e.g. CPR, First Aid)

Computer Skills *(please check only if proficient and willing to use skills in your volunteer duties)*

Microsoft Word

Microsoft Excel

Internet

Data Bases

E-mail

Graphics _____
(e.g. Photoshop, Publisher, etc.)

Skills, hobbies, other interests, talents willing to share

Section E: Students and Placements
(To be completed for Students and Placements only)

Educational Institution/Placement Organization:

Staff Supervisor from Organization:

Name

Phone Number

Staff Contact at The Good Companions: _____

Course Requiring Placement: _____

Length of Placement (include Dates and Times): _____

Placement Objectives: _____

Evaluation Requirements (form(s) to be completed): _____

Comments: _____
