

Volunteer Intake Form

Date: _____

Sections A, B, and C are 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

I would like to receive updates, newsletters and event invitations via: Mail E-Mail

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

Age: 14 – 17 years
 18+ years

Date of birth: _____
DD/MM/YY
(to be completed by choice)

Member of The Good Companions Yes No

Transportation: Car Bus ParaTranspo Other _____

Emergency Contact:

Name

Home Phone Work Phone Cell Phone



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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 | | In the Community | |
| <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"/> Teaching Specialty _____ | | <input type="checkbox"/> Phone Caller
<input type="checkbox"/> TAP <input type="checkbox"/> Telechat | |
| <input type="checkbox"/> Sales Clerk | | <input type="checkbox"/> Handy Helper | |
| <input type="checkbox"/> Committee Member Specialty _____ | | <input type="checkbox"/> Assisting Adults with Physical
Disabilities (Lunch Ability) | |
| <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)*

- | | | |
|---|--|---|
| <input type="checkbox"/> Microsoft Word | <input type="checkbox"/> Microsoft Excel | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Data Bases | <input type="checkbox"/> E-mail | <input type="checkbox"/> Graphics _____ |
| <input type="checkbox"/> Social Media (Facebook, Twitter, etc.) | | (i.e. Photoshop, Publisher, etc.) |

Skills, hobbies, other interests, talents willing to share

- _____
- _____
- _____
- _____

What personal qualities do you have that would help you when volunteering with seniors and/or adults with physical disabilities? What experience do you have with seniors/adults with physical disabilities?



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**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:

