Thank you for your interest in volunteering for Turning Point!

Please read and fill out this application form as accurately as possible.

All information is held strictly confidential.

We will contact you upon receiving the completed application form.

Please note that all required screening must take place prior to volunteering.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PERSONAL INFORMATION** | | | | | | | | | | | | | | |
| Name First: | | | | | Middle: | | | | | Last: | | | | |
| Address: | | | | | | | | | | | | | | |
| City: | | | | | Province: | | | | | Postal Code: | | | | |
| Home Phone: | | | | | Work Phone: | | | | | Cell Phone: | | | | |
| Email Address: | | | | | | | | | | Date of Birth: | | | | |
| **AVAILABILITY** Weekdays: Daytime ⬜ Evening ⬜ Unavailable Weekdays ⬜ Weekends: Daytime ⬜ Evening ⬜ Unavailable Weekends ⬜ | | | | | | | | | | | | | | |
| **COMITTMENT** | | | | | | | | | | | | | | |
| One time | 1-3 months | | 4-6 months | | | | 7-9 months | | 1 year | | | unsure | | |
| **PREFERRED VOLUNTEER POSITION** Program Support  Fundraising / Special Events  Board of Directors Front Desk | | | | | | | | | | | | | | |
| **THE FOLLOWING INFORMATION IS OPTIONAL** Occupation: Employer: Education and/or program of study:  Languages spoken: Written: Do you have access to a vehicle? Yes No | | | | | | | | | | | | | | |
| **OTHER** | | | | | | | | | | | | | | |
| Do you know anyone who works/volunteers here? | | | | | | | | | | | | | | |
| How did you learn about Turning Point’s volunteer opportunities?  Why do you want to volunteer with Turning Point?  What are you hoping to gain from your volunteer experience and how would you like to be recognized? | | | | | | | | | | | | | | |
| Would you feel comfortable interacting with people who are: | | | | | | | | | | | | | | |
|  | | Yes | | No | | Unsure | |  | | | Yes | | No | Unsure |
| HIV+ | |  | |  | |  | | Homeless | | |  | |  |  |
| Mentally Ill | |  | |  | |  | | Sex Trade Workers | | |  | |  |  |
| Drug Users | |  | |  | |  | | Gay/Bi-sexual | | |  | |  |  |
| Trans-gendered | |  | |  | |  | |  | | | | | | |
| I, \_\_\_\_\_ (applicant), hereby certify that all information included in this application is true and complete. I understand that incomplete applications will not be considered, and that providing false information is grounds for immediate disqualification from the application process, or even immediate dismissal if the falsehood is discovered after acceptance. I hereby authorize verification of all statements herein and release Turning Point and all others from liability in connection with same. | | | | | | | | | | | | | | |
| Signature | | | | | | | | Date | | | | | | |
| Turning Point may request a second interview with any applicant after the initial interview for the purpose of clarifying information and ensuring an appropriate volunteer placement. Turning Point reserves the right to screen volunteer applicants at the point of the interview and/or after they have completed the initial training. This is to ensure that all volunteers representing the agency do so with a quality consistent with the standards and general philosophy of Turning Point | | | | | | | | | | | | | | |

**OFFICE USE ONLY**Application received: \_\_\_\_\_\_ Interview booked: \_\_\_ \_\_\_\_\_\_

Message left: \_\_\_\_\_\_ Accepted: \_\_\_\_\_\_ \_\_\_\_\_\_

**OATH OF CONFIDENTIALITY**

(Please print)

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby agree to protect all confidential information acquired in the course of my involvement with the Turning Point. I will disclose confidential information only when properly authorized to do so. I understand that a breach of this agreement could result in the termination of my association with Turning Point.

**SIGNED:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| DATE |  | NAME (Print) |  | NAME (Sign) |

**SIGNED SUPERVISOR:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| DATE |  | NAME (Print) |  | NAME (Sign) |