



**THE CHILDREN'S AID SOCIETY
OF THE COUNTY OF SIMCOE**



Student Volunteer Profile Form

PERSONAL INFORMATION					
First Name		Last Name		Middle Name	
Address:					
Street		P.O. Box	City/Town		Postal Code
Telephone					
Home	Email		Cell		
Are you between 16 and 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No					
IN CASE OF EMERGENCY, INDICATE A CONTACT PERSON:					
First Name		Last Name		Middle Name	
Telephone					
Home	Work		Cell		
Relationship					
How did you hear about volunteer work with our Agency?					
Why do you want to volunteer?					
Please list your interests, hobbies, or skills					
Have you had previous contact with a Children's Aid Society in the past?					
REFERENCES – (OTHER THAN FAMILY MEMBERS)					
Name		Full Address		Telephone #	
EMPLOYMENT / VOLUNTEER HISTORY					
Position		Place		Date	
REFERENCE CHECK INFORMATION					
Have you been convicted of a criminal offence for which you have not received a pardon? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Please indicate your area(s) of interest:					
<input type="checkbox"/> Clerical		<input type="checkbox"/> Library		<input type="checkbox"/> Special Events	
SIGNATURE					
I certify that the information provided in this profile is true and complete. I understand that if any information is found to be untrue or incomplete this profile may be rejected. I agree to attend the required training session(s).					
Signature			Date		

All information supplied to us remains confidential to the Volunteer Department and is not disclosed without your permission.