



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

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 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No				
What is the best time to contact you?				
IN CASE OF EMERGENCY, INDICATE A CONTACT PERSON:				
First Name	Last Name		Middle Name	
Address:				
Street	P.O. Box	City/Town	Postal Code	
Telephone				
Home		Work	Cell	
Relationship				
How did you hear about volunteer work with our Agency?				
Why do you want to volunteer?				
Have you had previous contact with a Children's Aid Society in the past? If yes, please explain. <input type="checkbox"/> Yes <input type="checkbox"/> No				

Please list your previous experiences working with children. *(parent, teacher, sitter, etc.)*

Please list your interests, hobbies, or skills

Languages Spoken:

<input type="checkbox"/> English	<input type="checkbox"/> French	<input type="checkbox"/> Other:
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REFERENCES – (OTHER THAN FAMILY MEMBERS)

Name	Full Address	Telephone #

EMPLOYMENT / VOLUNTEER HISTORY

Position	Place	Date

MOTOR VEHICLE INFORMATION

Do you have a valid Ontario Driver’s Licence? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Driver’s License Class					
Make of Car		Model		Year	
Insurance Company					
Amount of Liability Insurance					

REFERENCE CHECK INFORMATION

** A Criminal Reference Check and a Consent for a Criminal Record Check for a Sexual Offence for which a Pardon has been Granted or Issued is a requirement for volunteering.*

Have you been convicted of a criminal offence for which you have not received a pardon? Yes No

AREA OF INTEREST

Please indicate your area(s) of interest:

<input type="checkbox"/> Driving	<input type="checkbox"/> Tutoring	<input type="checkbox"/> Special Events
<input type="checkbox"/> Foster Parent Relief	<input type="checkbox"/> Clerical	
<input type="checkbox"/> Other: _____		

COMMITMENT

Building a relationship can be a slow process. Some volunteer positions will require a long-term commitment.

How long do you expect to volunteer?

3 to 6 months 5 months to 1 year Over 1 year Unsure

Which time(s) are you available?

Weekdays Weekends Daytime Evenings

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) and any other workshops deemed necessary by the Coordinator of Volunteers.

Signature

Date

For Agency Use:

Distribution

Original

Volunteer Personnel File

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