

## Volunteer Application Community Access Program (CAP)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City & Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Please indicate if you have the following skills:

### Computer Skills:

<input type="radio"/> Word	<input type="radio"/> Access	<input type="radio"/> Internet
<input type="radio"/> PowerPoint	<input type="radio"/> Excel	<input type="radio"/> Email/Social media
<input type="radio"/> Publisher	<input type="radio"/> Multi-media	<input type="radio"/> Technical

### Credential and Certificates:

<input type="radio"/> High School <input type="radio"/> College <input type="radio"/> University	<input type="radio"/> First Aid, CPR, please specify expiry date
<input type="radio"/> Office Administration	<input type="radio"/> WHMIS Training, please specify date
<input type="radio"/> Customer Service	<input type="radio"/> Leadership Training, please specify

### Specialized Skills:

<input type="radio"/> Office Administration	<input type="radio"/> Health Care/Social Worker	<input type="radio"/> Banking/Accounting/Casher
<input type="radio"/> Life Skills	<input type="radio"/> Immigration and Settlement	<input type="radio"/> Manufacturing/General labour
<input type="radio"/> Leadership/Teaching	<input type="radio"/> Marketing/Advertising/Retail	<input type="radio"/> Arts/Culture/Spiritual
<input type="radio"/> Other skills, please specify:		

### I am Currently:

<input type="radio"/> Employed <input type="radio"/> Full-Time <input type="radio"/> Part-Time	<input type="radio"/> 40 Hours High School Student
<input type="radio"/> Seeking Employment	<input type="radio"/> Retired
<input type="radio"/> University/College /English Language Student	<input type="radio"/> Unemployed

### Time Commitment:

<input type="radio"/> Long Term (Over 6 months)	<input type="radio"/> Short Term (Under 6 months)
<input type="radio"/> Occasional	<input type="radio"/> Other

### Day and Time Available:

Day(s) available: <input type="radio"/> Monday <input type="radio"/> Tuesday	Shift: <input type="radio"/> Morning Shift: 10:00 am – 1:00 pm
<input type="radio"/> Wednesday <input type="radio"/> Thursday <input type="radio"/> Friday	<input type="radio"/> Afternoon Shift: 1:00 pm – 4:00 pm

### Languages:

English: <input type="radio"/> Beginner <input type="radio"/> Intermediate	French: <input type="radio"/> Beginner <input type="radio"/> Intermediate
<input type="radio"/> Proficient	<input type="radio"/> Proficient
<input type="radio"/> Other (Please Specify):	

**How did you hear about this volunteer opportunity?**

<input type="radio"/> CityHousing Hamilton Staff	<input type="radio"/> Volunteer Hamilton Website
<input type="radio"/> CAP Volunteer	<input type="radio"/> Other

**Other Important Information that you would like to share:**

Please use the space below to outline any work, volunteer, club experience or teams, hobbies or interests etc. that you have not already identified.


**References:**

Please list a minimum of two references i.e., teacher, employer, social worker, volunteer supervisor or a community friend that we may contact. References will be contacted after your interview.

Name:	Phone #:
Occupation:	Relation:
Name:	Phone #:
Occupation:	Relation:
Name:	Phone #:
Occupation:	Relation:

**Applicant's Signature:**

I believe the information provided in this application to be true and complete. I authorize the verification of statements herein.

**Signature:** ..... **Date:** .....

**Parent/Guardian Signature:**  
(Required if applicant is **less than 18 years of age**)

I give permission for my child to volunteer with the City of Hamilton and declare that the above information is true and complete to the best of my knowledge.

**Signature:** ..... **Date:** .....

**Please note:**  
*Not all applicants will be guaranteed a position. All volunteers will be required to undergo screening that **will include**, but may not be limited to, an application form, interview, reference checks, Police Records Check and an orientation session.*

**For Office use Only:**

Date Received: ..... Division/Program: .....

Please submit signed application to the Community Development Coordinator with CityHousing Hamilton at: 181 Main St. W. 1<sup>st</sup> Floor, Unit C  
Phone: 905-523-8496 ext. 4996



**Thank you for your interest in volunteering!**