



# Catholic Community Services of York Region

*Serving people from diverse culture*

## Volunteer Application

### For Office Use Only Host program

Orientation Date: \_\_\_\_\_ Received: \_\_\_\_\_  
 Police Check Completed: \_\_\_\_\_  
 Matched With: \_\_\_\_\_ Date: \_\_\_\_\_  
 Re-matched With: \_\_\_\_\_ Date: \_\_\_\_\_  
 Re-Matched With: \_\_\_\_\_ Date: \_\_\_\_\_  
 Current File Number: \_\_\_\_\_

<b>Name: (Family)</b>	<b>(Given Name)</b>
<b>Gender:</b> (Please Circle) <div style="display: flex; justify-content: space-around;"> <span><b>Male</b></span> <span><b>Female</b></span> </div>	<b>Age:</b> _____ <b># Children:</b> _____ <b>Ages:</b> _____ - _____
<b>Address:</b>	<b>Level of Education:</b>
<b>City:</b> _____ <b>Postal Code:</b> _____	<b>Name of Institution:</b>
<b>Major Intersections:</b>	<b>Home Phone #:</b> _____ <b>Cell Phone #:</b> _____ <b>Email Address #:</b> _____

**Marital Status :**  Married /Common Law  Single  Single Parent  Widow/ Widower ( # ) Children Ages ( - )

**Time Available For Initial Meeting:**

<b>Occupation:</b>	<b>Date of Birth:</b> / /	<b>Place of Birth:</b>	<b>Number of years in Canada:</b>
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<b>Hobbies and Interests:</b>	<b>Language(s) spoken/written other than English:</b>
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**Please provided two references that are NOT family members.**

**Reference One**

**Full Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_ **Phone #: ( ) -** \_\_\_\_\_

**Reference Checked:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Reference Two**

**Full Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_ **Phone #: ( ) -** \_\_\_\_\_

**Reference Checked:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# PROGRAM VOLUNTEER AGREEMENT

- Maintain a commitment to the program for a minimum of 6-12 months to the program.
- Attend one 2hour orientation session .
- Respect the right to privacy of the program, individual or family whom I am work with.
- I declare the information given here to be true and correct as far as I know, and I understand that any misrepresentation made by me on this application shall be just and sufficient cause for termination.
- I agree to conform to the policies and procedures of the CCSYR while volunteering the Agency.
- I agree not to disclose, or authorize the disclosure of any confidential information or knowledge concerning any matter of which I become aware relating to the business of the Agency either during or any time subsequent to my volunteering.
- I understand not to use this relationship to promote any religious or political beliefs that I may hold, nor will I use this relationship for any personal /financial gain.
- I give permission/consent to use my photos for publications.
- If assigned to the Host program attend match support and social gatherings when available.
- If assigned to the Host program, maintain weekly contact with my match or ensure that she/he is informed of my unavailability should that occur.
- As a volunteer with the volunteer/ HOST Program, I understand that the volunteer/ newcomer relationship is based on friendship, equal partnership, and shared participation in program activities and either of us have the right to terminate the relationship at any time.
- If assigned to the Host program, communicate with the HOST program staff to inform and update the match progress.

**SIGNATURE:**

**DATE:**    /    /    \_\_\_\_\_

**FOR OFFICE USE:**

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**Please note all applications will be held for a THREE (3) month period ONLY**