

VOLUNTEER APPLICATION FORM

Contact Information

Last Name	
First Name	
Address	
City and Postal Code	
Phone Number	H () W ()
Email Address	

Your privacy is important to us. Oshawa Community Health Centre does not collect any personal information about clients, members, donors or volunteers, except that which is knowingly and specifically supplied to us by you. We will not disclose any personal information about you to any outside parties unless you were advised of this possibility before providing the personal information. For more information on our privacy policy please visit our website at www.ochc.ca or request a copy in writing.

Interest and Skills

Is there a particular type of volunteer work in which you are interested in? *(Check all that apply)*

Working one on one with a single client
 Public Speaking
 Providing a service to several clients
 Fundraising
 Teaching
 A Special Project
 Doing research
 Board Member
 Working within a group or committee
 Working directly with a staff person as an assistant
 Helping in our office in general administration duties
 No Preference
 Other

Is there a particular volunteer position currently being offered that you are interested in?

Availability

A) At what times are you interested in volunteering?

Can be flexible
 Prefer weekends
 Prefer Evenings
 Prefer weekdays
 Other:

B) Do you have access to a car you can use for volunteer work? No Yes

C) Would you need childcare to enable you to volunteer? No Yes

General Comments