

East Mississauga Community Health Centre Volunteer Application

ADMIN USE ONLY: Database Id:

Entered: ____ / ____ / ____ Initials: ____

Username: _____

Password: _____

All information is confidential

Please Clearly Print Your Information – Thank You!

Received: _____

Mr Ms Mrs

Today's Date: ____ / ____ / ____
 Day Month Year

First Name: _____ Last Name: _____

Address: _____ Apt./Unit: _____

City: _____ Postal Code: _____

Home Phone: _____

Work Phone: _____ Answering Machine: Yes No

Fax Phone: _____ Can we contact you at work? : Yes No

Cell Phone: _____ E-mail: _____

Demographic Information (Optional)Prefer not to answer Year of Birth: _____ Sex: Male Female Trans

If you are a student, name of School: _____

Ethnicity (may check more than one)

 North American African Asian South Asian Caribbean European Latin American Middle Eastern Other (please specify) _____Accommodation Required? : No Yes – please specify: _____

The LAMP / EMCHC Volunteer Program Coordinator will contact you if there is a need for volunteers in the areas you have checked off. If at the time of receiving your application a volunteer is not needed in those areas, we will keep your application on file for six months and call you should an opening occur.



East Mississauga Community Health Centre

7-2555 Dixie Road, Mississauga ON L4Y 4C4

Tel: (905) 602-4082 Fax: (905) 602-5432

www.eastmississaugachc.org

"Building a Healthy Community"

EMCHC VOLUNTEER APPLICATION – Continued

Part 2

How did you hear about EMCHC? Friends Internet Newspaper

EMCHC / LAMP Staff Other Community Agency Other

Skills and Experience: Include Volunteer Experience or Community Involvement

Languages Spoken (other than English) _____

Education:

Special Interests: ✓

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Writing/Editing | <input type="checkbox"/> Committee Work | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Office Work | <input type="checkbox"/> Outreach | <input type="checkbox"/> Health Promotion | <input type="checkbox"/> Publicity |
| <input type="checkbox"/> Health Education | <input type="checkbox"/> Special Events | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Advocacy |
| <input type="checkbox"/> Seniors | <input type="checkbox"/> Adults | <input type="checkbox"/> Children | <input type="checkbox"/> Art / Painting |
| <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Other: _____ | | |

Are you now or have you ever used EMCHC's services? Yes No

Time Available: _____ Hours/Week → Daytime Evening Weekend _____ Hrs/Month

Goals: What would you like to get out of volunteering at EMCHC?

Confidentiality: All written documents are stored and maintained securely on site. Demographic information stored on the computer is accessed by other authorized staff at EMCHC / LAMP. Non identifying information may be shared with our Board of Directors and funders. This form is collected for the purpose of screening and contacting potential volunteers. Applications are destroyed after 6 months if a placement has not occurred.