



Our Neighbourhood Living Society
15 Dartmouth Rd., Suite 210
Bedford NS B4A 3X6
Telephone: 902-835-8826
Fax: 902-835-8826
Email: bjack@accesswave.ca

Dear Applicant:

Thank you for your interest in Our Neighbourhood Living Society. All the information needed to complete your application is included in this package. In order to entertain the possibility your participation in a volunteer placement the following needs to be completed:

1. Application Form (completed in its entirety).
2. Criminal Record Check.
3. Child Abuse Register —. The applicant must fill out the form, provide a photocopy to prove your identity and return it with your application.
4. Please provide copies of all pertinent Diplomas/ Certificates, etc.
5. Up-to-date Resume.

Please return the completed application package to Our Neighbourhood Living Society.

Sincerely,

Barry Jack
Human Resource
Executive Director

Volunteer Application Form

Date of Application: _____

An application can be submitted by:

- Dropping it off at ONLS at 15 Dartmouth Rd., suite 210 Bedford NS B4A 3X6
- Sending it by mail to the above address
- Emailing it to bjack@accesswave.ca

Name: _____
first initial last

Address: _____

Phone #: _____ **Email:** _____

Alternate #: _____

Contact in case of Emergency:

Name: _____

Address: _____

Phone #: _____

Relationship: _____

Position Applying For: *(Check the applicable circle)*

- Committee Member
- Resident activities
- Working groups

Number of Hours Available to Volunteer Each Month:

- 1-5
- 5-10
- 10-15

ONLS seeks to match our skilled and diverse volunteers with appropriate volunteer opportunities. Please take a moment to tell us about yourself so we can better understand your experiences, skills and interests.

List Any Previous or Current Volunteer Experience:

<i>Organization</i>	<i>Position/Major Responsibility</i>	<i>Dates of service (yy/mm)</i>
		<i>From: To:</i>
1 _____	_____	_____

2 _____

3 _____

4 _____

List Your Employment/Training Background:

<i>Employer</i>	<i>Position/Major Responsibility</i>	<i>Dates of service (yy/mm)</i>	
		<i>From:</i>	<i>To:</i>
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____

Why do you want to serve as a volunteer? How do you hope to benefit?

List the Qualifications and Skills that you bring to ONLS:

Please provide the following:

- Child Abuse Registry Check
- Criminal Records Check
- If transporting person in non ONLS vehicle proof of insurance and inspection
- Confidentiality form

Please list two character references (not relatives)

Name Address City Phone Email

1. _____

2. _____

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other

misrepresentations made by me on this application may result in my immediate dismissal.

Signature of Applicant

Date

For Office Use Only

Assigned location: _____

Program Supervisor: _____

ONLS Director: _____

Start Date: _____ End Date: _____