

TUSONGE COMMUNITY DEVELOPMENT ORGANIZATION

“Making a real difference in lives”



VOLUNTEER APPLICATION FORM

Return form to: TUSONGE Managing Director

Contact: aginatha23@gmail.com or tusonge@tusonge.org.

1. Person Information: (please print)

Last Name: _____ First Name: _____

Home Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

2. Emergency Contact

Name: _____ Relationship: _____

Phone: _____ Mobile: _____ Work: _____

3. Education School	Name of School or Course of Study	Highest Level Completed	Currently Attending
High School			
Post Secondary			
Other			
Special Training or Skills Received:			

Are you receiving academic credit for your volunteer work? No Yes, Hours

Required _____

4. Employment History Employer	Job Title	From	To	Reason for Leaving

Current Employment Status: Full-Time Part-Time Student Retired

Unemployed

5. Volunteer Experience

Organization	Your Role	From	To	Reason for Leaving

6. Please Indicate Your Availability (example 12:30 to 3:30pm)

	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning						
Afternoon						
Evening						

- a) How long of a commitment are you prepared to make? 6 months 9 months 1 year on-going
- b) How often would you like to volunteer? 1 shift biweekly 1 shift/week 2-3 shifts/week special events

7. What volunteer opportunity are you interested in? (if interested in multiple, prioritize using 1, 2, 3...)

- community work public programs
- communications policy preparation
- computer technology other: _____

8. Please indicate the skills and experience you would bring to your volunteer role:

- organizational skills experience with children teaching skills
- human right issue Microsoft Word Microsoft Excel
- facilitation board experience web site community

interaction

- languages spoken: _____
- Other: _____

9. What are your reasons for volunteering?

- for academic credit to learn new skills for social interaction
- to gain employment skills to share my skills to stay active
- to support the cause other: _____

10. Please list two references, past or present employers, teachers, volunteer supervisors, etc.

We CANNOT accept family members or personal friends as references.

Name	Relationship	Phone Numbers

I hereby authorize the Organization to contact the above named reference to establish my suitability as a volunteer and I hereby release them and their company from all liability for any damage for issuing the same. I further authorize the human resources department to maintain this information in their records and absolve them from liability.

Disclaimer: It is the policy of the Organization to screen all prospective volunteers. While we try to place every applicant, we reserve the right to select applicants according to our needs and criteria.

I understand and respect the confidential nature of the information I might have access to in performing my volunteer duties for the Organization.

Signature of Applicant _____ Date _____

Parental Consent (for those under 18 years of age) I give _____ my consent to work as a volunteer at The Organization. Parent's Signature _____ Date _____
--

Sharing Personal Information

I authorize The Organization to publish my name in: Annual Report No Yes
 Tableau No Yes

My contact information may be shared with: Fund Development Office No
 Yes
 Membership Office No Yes

For Office Use Only Date received _____ Department _____ Date interviewed _____ Supervisor _____ Police check completed: <input type="checkbox"/> No <input type="checkbox"/> Yes Date received _____ Additional Information: _____
--