



## VOLUNTEER APPLICATION

(If you have a current resume, please attach it.)

<b>First Name:</b>	<b>Last Name:</b>	<b>Date:</b>
<b>Address:</b>		<b>Phone (H):</b>
<b>City:</b>	<b>Postal Code:</b>	<b>Phone (W):</b>
<b>Email:</b>		<b>Cell Phone:</b>

Are you 18 years of age or older?    Yes             No   
 Are you presently?    Employed     Student     Retired     Not working

<b>Emergency Contact</b>	<b>Relationship</b>	<b>Phone Number</b>

How did you learn about volunteering at Petawawa Centennial Family Health Centre (PCFHC)?

\_\_\_\_\_

Have you volunteered in the community before? If yes, where?

\_\_\_\_\_

\_\_\_\_\_

Please tell us something about yourself (interests, hobbies, special skills):

\_\_\_\_\_

\_\_\_\_\_

**What type of volunteer assignments interest you the most? :**

- Administration support (filing, compiling, mailing, computer, telephone)
- Housekeeping (laundry, cleaning, dusting, watering plants, stocking exam rooms)
- Program support (health promotion, education groups, meals on wheels)
- Fundraising
- Other: \_\_\_\_\_

<b>Availability</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
Mornings					
Afternoons					
Evenings					

Are you interested in volunteering:    Regularly             Occasionally

**I would be comfortable volunteering with:**

Children  Adults  Seniors  Patients  Staff  Volunteers

**Are your immunizations up-to-date?** Yes  No

Do you have any health issues which would affect your performance as a volunteer?

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**Please provide 2 references** (preferably work/volunteer-related, or character reference):

<b>Name</b>	<b>Relationship</b>	<b>Phone #</b>
<b>Name</b>	<b>Relationship</b>	<b>Phone #</b>

I give Petawawa Centennial Family Health Centre permission to contact the above named references for the purpose of reference information to verify my suitability for a volunteer position.

I understand that not everyone who applies is accepted as a volunteer.

Applicants undergo a thorough screening process including interview, police record check, reference check, training & orientation session.

Volunteers under the age of 18 must obtain parental/guardian consent.

All volunteer positions are subject to a trial period and ongoing evaluation.

Information provided in this application will help guide the Centre's Volunteer Services and will not be used for any other purposes without your consent. Our full Centre Privacy Policy is available for review.

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Signature of Applicant

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Date

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Signature of Parent/Guardian (if under 18)

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Signature of Volunteer Coordinator/  
Office Administrator

**Thank you for your interest in volunteering with the  
Petawawa Centennial Family Health Centre.**

**154 Civic Centre Road  
Petawawa ON  
K8H 3H5**

Telephone: **613-687-7641** Fax: 613-687-6808  
Email: [info@pcfhc.ca](mailto:info@pcfhc.ca) Web: [www.pcfhc.ca](http://www.pcfhc.ca)

**Office Administrator**

Telephone: 613-687-7641 ext. 110  
Email: [Karen.Craig@pcfhc.ca](mailto:Karen.Craig@pcfhc.ca)