

## 1. Contact Information

N2N Centre will use this information in our correspondence with you.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

I use this title:

Mr.     Mrs.     Miss     Ms.     Preferred title (please specify) \_\_\_\_\_  
 Prefer no title

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## 2. Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

## 3. Personal Data

This information will help us plan current and future volunteer opportunities. N2N Centre also produces reports on volunteer demographics. Please check the boxes that apply.

a) I was born between these years:

Before 1945     1946–1964     1965–1980     1981–1991     In or after 1992

b) I am at least 16 years old on today's date     Yes     No

c)  I am a student at (name of school) \_\_\_\_\_

I am in between jobs, looking for work in (type of work) \_\_\_\_\_

I work inside the home (e.g. stay-at-home spouse / parent)  
(self-employed) (company) \_\_\_\_\_

I work outside the home FT / PT at (type of work; or company) \_\_\_\_\_

I am retired from (type of work; or company) \_\_\_\_\_

I volunteer at (name of organization) \_\_\_\_\_

I belong to a service club (Rotary, Optimist) or association (retiree club, union) \_\_\_\_\_

Is there a category we forgot? Please tell us here: \_\_\_\_\_

d) I heard about volunteering at N2N Centre through:

- |   |  |                                   |  |
|---|--|-----------------------------------|--|
| <input type="checkbox"/> Hamilton Spectator | <input type="checkbox"/> N2N Website                   | <input type="checkbox"/> CHCH TV  | <input type="checkbox"/> N2N Volunteer     |
| <input type="checkbox"/> Mountain News      | <input type="checkbox"/> Facebook                      | <input type="checkbox"/> Cable 14 | <input type="checkbox"/> School/Instructor |
| <input type="checkbox"/> Ancaster News      | <input type="checkbox"/> Twitter                       | <input type="checkbox"/> Radio    | <input type="checkbox"/> Friend/Family     |
| <input type="checkbox"/> Church Bulletin    | <input type="checkbox"/> Instagram                     | <input type="checkbox"/> Event    | <input type="checkbox"/> N2N Staff         |
| <input type="checkbox"/> Community Bulletin | <input type="checkbox"/> Other (please specify): _____ |                                   |  |

#### 4. Skills and Talents

Tell us what skills, talents and experience you would like to share as an N2N Centre volunteer.

	<u>Spoken</u>	<u>Written</u>
English language	<input type="checkbox"/>	<input type="checkbox"/>
Additional language(s)	_____	_____
	_____	_____

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> cooking                    | <input type="checkbox"/> G License                      | Add skills/talents:<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____ |
| <input type="checkbox"/> CPR                        | <input type="checkbox"/> heavy lifting (30-50 lbs.)     |   |
| <input type="checkbox"/> customer service           | <input type="checkbox"/> Joint Health and Safety (JHSC) |   |
| <input type="checkbox"/> First Aid                  | <input type="checkbox"/> people skills                  |   |
| <input type="checkbox"/> Food Handler's Certificate | <input type="checkbox"/> photography                    |   |
| <input type="checkbox"/> Forklift Certificate       | <input type="checkbox"/> risk management                |   |
| <input type="checkbox"/> gardening                  | <input type="checkbox"/> translation                    |   |
| <input type="checkbox"/> graphic design             | <input type="checkbox"/> videography                    |   |
| <input type="checkbox"/> group facilitation         | <input type="checkbox"/> WHMIS                          |   |

#### 5. Availability

I am available to volunteer on these days:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
morning						
afternoon						
evening (until 7:30)						

#### 6. Interests

a) I want to be an N2N Centre volunteer because ...

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

905-574-1334 ext. 203  
volunteer@n2ncentre.com

b) I am interested in volunteering in ... (**NOTE:** At the orientation session you will learn more about these opportunities.)

<b>Family Services Program:</b>	<input type="checkbox"/> Community Counselling		
<b>Emergency Food Services:</b>	<input type="checkbox"/> Christmas Food Bank (Nov-Jan)	<input type="checkbox"/> Christmas Warehouse (Nov-Jan)	<input type="checkbox"/> Driver Assistant
	<input type="checkbox"/> Food Bank	<input type="checkbox"/> Warehouse	
<b>Educational Support Programs:</b>	<input type="checkbox"/> Reading Tutor	<input type="checkbox"/> Math Tutor	<input type="checkbox"/> Educational Consultant
<b>Community Food Programs (at 310 Limeridge Road, unit #10):</b>			
<input type="checkbox"/> Advocacy/ Justice Program	<input type="checkbox"/> After School Program	<input type="checkbox"/> Children/Youth Program	<input type="checkbox"/> Community Kitchen
<input type="checkbox"/> Drop-in Program	<input type="checkbox"/> Gardens	<input type="checkbox"/> Health Program	<input type="checkbox"/> Language / Cultural Program
<input type="checkbox"/> Meal Program	<input type="checkbox"/> Produce Market	<input type="checkbox"/> Seniors Program	<input type="checkbox"/> Special Events
<b>Fundraising:</b>	<input type="checkbox"/> Bingo	<input type="checkbox"/> Committees	<input type="checkbox"/> Used Book Store
<b>Occasional Opportunities:</b>	<input type="checkbox"/> Christmas Pop-up Store	<input type="checkbox"/> Coldest Night of the Year	<input type="checkbox"/> Communicator
	<input type="checkbox"/> Golf Tournament	<input type="checkbox"/> Speakers' Bureau	<input type="checkbox"/> Stuff the Bus <input type="checkbox"/> Toy Room
<b>Directors:</b>	<input type="checkbox"/> Board of Directors		
<b>Don't see it here? Please add it.</b>	<input type="checkbox"/> _____	<input type="checkbox"/> _____	

**7. Special Request to Confirm Hours**

I will require a letter, signatures or statement of volunteer hours performed at N2N Centre

Yes                       No

Please note that **court-mandated volunteers must complete 50 hours** in order for a letter to be issued.

## 8. References

Provide the name and contact information of two (2) people that know you and would recommend you.

If you have questions or concerns about this section, contact the Coordinator of Volunteer Services at 905-574-1334 ext. 203 or [volunteer@n2ncentre.com](mailto:volunteer@n2ncentre.com)

<u>First and Last Name</u>	<u>Relationship</u>	<u>Phone &amp; Email</u>	<u>Company / Organization (for work reference)</u>
1.			
2.			

The information I have provided is true and complete, and I give Neighbour to Neighbour Centre (Hamilton) consent to contact my references when I am being considered for a role.

Signature \_\_\_\_\_ Date \_\_\_\_\_