

## Volunteer Application, Board of Directors

Thank you for your interest in joining our board and for completing this form. Please note that Réseau ACCESS Network collects your personal information in order to help identify suitable volunteer opportunities for you; only authorized Réseau ACCESS Network staff and/or volunteers are able to access the information that you have provided.

### **A) Contact Information and Details**

Your Name (Please print clearly) \_\_\_\_\_

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

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

Date of Birth: day \_\_\_\_\_ month \_\_\_\_\_

Age (circle one): 14 and below\* 15-25 \*26-40 \*41-55 \*56-70 \*71 and above

Your telephone numbers:

\_\_\_\_\_

Can we leave a detailed message at these numbers? Yes  No

Your email address: \_\_\_\_\_

You speak these language(s) fluently: \_\_\_\_\_

You read and write in the following language(s) \_\_\_\_\_

Do you have formal First aid/CPR training? Yes  No

If yes, is your certification up to date? Yes  No

Your special interests & hobbies \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_

Phone number for emergency contact: \_\_\_\_\_

### **B) Training, Orientation and Police Check**

1. I understand that filling out a volunteer application form does not guarantee a placement as a volunteer with Réseau ACCESS Network: Yes  No

2. I understand that I must attend a general volunteer orientation and be available for at least one volunteer placement interview before I can commence volunteer duties with Réseau ACCESS Network : Yes  No

3. I understand that some programmes require additional training before I can begin volunteer duties: Yes  No

4. I understand that I cannot receive a volunteer letter until I am actively volunteering with Réseau ACCESS Network: Yes  No

5. I realize that it may take up to 3 months from the time I submit my application until I am actively volunteering with Réseau ACCESS Network : Yes  No

6. Volunteers are required to submit a Police Record Check (CPIC). A criminal record does not itself, automatically eliminate someone from consideration as volunteer. The nature of the criminal record and the applicant's subsequent community responsibility is taken into account when determining their suitability for volunteer service. Do you have any objections to submitting a CPIC certificate?

Yes  No

**B) Commitment, Availability and Areas of Interest**

1. Usually, board meetings take place on the 3<sup>rd</sup> Tuesday of each month from 5:00pm-7:00pm. Board committees have regularly scheduled meetings at other times. Please check below and indicate when you are available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings							
Afternoons							
Evenings							

2. Réseau ACCESS Network has a number of different opportunities for board volunteers to become involved in. Please check the activities that may interest you:

- Administration
- Finance
- Governance (advisory committees)
- Fundraising & Special Events
- Representing agency within the local community (public appearances)

3. If I am accepted as a volunteer, I am willing to sign an oath of confidentiality agreement, a time commitment and a general volunteer agreement with Réseau ACCESS Network: Yes  No

4. I have volunteered with Réseau ACCESS Network in the past. Yes  No   
If yes, please list the kinds of volunteer work that you did at Réseau ACCESS Network:

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5. Why are you interested in being a Réseau ACCESS Network board member?

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6. Réseau ACCESS Network is committed to principles of accessibility. Please list any accommodation needs that you will require in order to participate.

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7. How did you learn about volunteer opportunities at Réseau ACCESS Network?

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**C) References**

**Please provide us with one or two relevant references that will be able to comment on your past experience and skills:**

**Reference # 1:**

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

Contact: \_\_\_\_\_  
                                    Phone                                    Email

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

**Reference # 2:**

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

Contact: \_\_\_\_\_  
                    Phone                                    Email

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

By signing below, I acknowledge that the information provided by me is true and accurate and I grant Réseau ACCESS Network permission to contact the references included as part of my application form.

Today's date: \_\_\_\_\_

Your Signature \_\_\_\_\_

**Please return this application to:**

Contact: Heidi Eisenhauer, Volunteer & Community Resources Coordinator  
Address: 111 Larch Street, 4<sup>th</sup> Floor, Box 10 Sudbury, ON P3E 4T5  
Telephone: 705-688-0500 ext. 215 Fax: 705-688-0423  
Email: heidie@reseauaccessnetwork.com  
or fill in online application at: ***tinyurl.com/RANVolApp***