



LiveWorkPlay

A Good Life for People with Intellectual Disabilities™

www.liveworkplay.ca

Make A Buzz!
Support LiveWorkPlay

1155 Lola Street, Suite 201 ♦ Ottawa, ON ♦ K1K4C1 ♦ 613-235-9550

Canada Revenue Agency Charitable Registration #896222775RR0001

Volunteer Application Form

LiveWorkPlay welcomes volunteers of all ethnicities, genders, religions and sexual orientations. We strive to engage a diverse and vibrant volunteer team.

***Required**

*Name _____

*Address (Apt.) _____ (Street Name/Number) _____

(City) _____ (Postal Code) _____

*Primary Phone _____ (__ home __ work __ cell)

*Email _____

Alternate Phone _____ (__ home __ work __ cell)

Twitter Account @ _____ (we'll follow you!)

Facebook Name _____ (we'll friend you!)

Employment & Volunteer Experience

*Are you: ___ Retired ___ Student ___ Other ___ Employed (please complete below)

Position / Title _____

Dates of Employment (starting-ending) _____

Company / Employer _____

Please describe your previous **volunteer experience** (include organization names and approximate dates of service).

If we're your first volunteer experience, check here and move on _____.

Dates	Position	Agency
_____	_____	_____
_____	_____	_____

***How did you hear about LiveWorkPlay?**

Internet Search
 LiveWorkPlay Website
 Word of mouth
 Volunteer Ottawa
 Radio/TV/Newspaper
 Other: _____

***Availability**

Please indicate your availability:

Day of the Week	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

***Commitment:**

How long are you available to volunteer?

___ 3 months ___ 6 months ___ 9 months ___ a year ___ other: _____

***References**

Have you ever been convicted of a crime for which you have not received a pardon? (Please note that a Police Records Check is required before a volunteer application can be approved.)

Yes

No

Please list two people who know you well and can attest to your character, skills, and dependability. Include your current or last employer (if applicable).

Name and Organization	Relationship to you	Phone number	Length of relationship

Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment or promise of volunteer opportunity.

I hereby declare that the information contained in this application is true and complete to the best of my knowledge. I understand that omissions or false statements may disqualify me from holding or keeping a volunteer position with LiveWorkPlay.

I, _____, authorize LiveWorkPlay staff to collect personal information appropriate to the volunteer position applied for concerning my background, employment/volunteer history, and to verify the references I have supplied pursuant to the Freedom of Information Act.

Signature _____

Date _____