

## Volunteer Application Form

Black Women Business Network (BWBN) exists to inspire, inform, equip, and connect Black women to start new businesses, grow existing businesses, advance professionally, and become key players in the Canadian economy.

*Thank you for completing this form. Please print clearly.  
All information gathered will be kept confidential and will be used only by the organization.*

### GENERAL INFORMATION

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

Address: \_\_\_\_\_ Apt/Unit #: \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_ Business Phone #: \_\_\_\_\_

May we call you at work?     Yes     No

Fax Number: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Other: \_\_\_\_\_ Email address: \_\_\_\_\_

Preferred contact method: \_\_\_\_\_

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Valid Driver's License:     Yes     No    If Yes, Class: \_\_\_\_\_ License #: \_\_\_\_\_

### APPLICANT PROFILE QUESTIONS

**The organization adheres to and complies with the provisions under the provincial and territorial Human Rights Acts.**

Have you ever been employed by, or volunteered with, this organization?     Yes     No  
If yes, please specify where, when, and your position or role.

\_\_\_\_\_  
\_\_\_\_\_  
List any previous and/or current volunteer activities outside the organization:

How did you hear about the volunteer program? (Check all that apply.)

- |                                       |  |  |                                     |
|---------------------------------------|--|--|-------------------------------------|
| <input type="checkbox"/> Display      | <input type="checkbox"/> Called/Dropped In | <input type="checkbox"/> Volunteer Centre              | <input type="checkbox"/> Newspaper  |
| <input type="checkbox"/> Poster/Flyer | <input type="checkbox"/> Staff             | <input type="checkbox"/> School                        | <input type="checkbox"/> Television |
| <input type="checkbox"/> Public Event | <input type="checkbox"/> Friend/Relative   | <input type="checkbox"/> Internet                      | <input type="checkbox"/> Radio      |
| <input type="checkbox"/> Local Branch | <input type="checkbox"/> Another Volunteer | <input type="checkbox"/> Other (please specify): _____ |                                     |

Describe your main reasons for wanting to volunteer. (Check all that apply.)

- |   |   |
|---|---|
| <input type="checkbox"/> Desire to help others              | <input type="checkbox"/> Interest in community involvement      |
| <input type="checkbox"/> Gain experience and develop skills | <input type="checkbox"/> Establish a work record & build resume |
| <input type="checkbox"/> Meet people & network              | <input type="checkbox"/> Other (please specify): _____          |

Indicate the type of volunteer work that interests you. (Check all that apply.)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Direct Service to Clients     | <input type="checkbox"/> Clerical/Office/Administration | <input type="checkbox"/> Training/Facilitation        |
| <input type="checkbox"/> Fundraising                   | <input type="checkbox"/> Projects/Research              | <input type="checkbox"/> Special Events               |
| <input type="checkbox"/> Computer Work                 | <input type="checkbox"/> Committee Work                 | <input type="checkbox"/> Presentation/Public Speaking |
| <input type="checkbox"/> Other (please specify): _____ |   |   |

What is your availability? (Check all that apply.)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Regularly – once or twice weekly | <input type="checkbox"/> Occasionally, as needed | <input type="checkbox"/> Once a month                  |
| <input type="checkbox"/> Projects – on to three months    | <input type="checkbox"/> Special Events          | <input type="checkbox"/> Other (please specify): _____ |

Check all the times you are available.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
After 5 p.m.							

Are you currently employed?  Yes  No

Position/Title: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Can you provide a resume?  Yes  Attached  No

If not, please provide a list of your work experience:

What special skills, training, or qualifications do you have that you would like to use in your volunteer role (e.g. accounting, public speaking, etc.)?

Which computer software programs do you have experience working with?

Language Fluency:

_____	<input type="checkbox"/>	Speak	<input type="checkbox"/>	Read	<input type="checkbox"/>	Write
_____	<input type="checkbox"/>	Speak	<input type="checkbox"/>	Read	<input type="checkbox"/>	Write
_____	<input type="checkbox"/>	Speak	<input type="checkbox"/>	Read	<input type="checkbox"/>	Write

The organization may give my name and address to other agencies or businesses with which it is partnered or affiliated that may wish to offer volunteers discounts or group rates on goods and/or services.

Yes       No

**REFERENCES**

1. Present or former employer/volunteer agency; 2. Educational institution; 3. Acquaintance belonging to a recognized profession who has known you at least two years, such as your doctor, lawyer, or an eligible guarantor of a passport application (to be used if #1 and #2 are not an option.)

Name:

Address:

Telephone Number:

Relationship to Applicant:

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Name:

Address:

Telephone Number:

Relationship to Applicant:

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Name:

Address:

Telephone Number:

Relationship to Applicant:

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*I certify that the information in this application is correct and complete. I give my permission to the organization to contact the above references and to obtain, if required, a criminal record check and/or a driver's abstract. I understand that I will be advised in advance if a criminal record check and/or a driver's abstract is required. I understand that if I am below the age of majority I must have my parent/guardian sign and provide their contact information below.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

I am aware of and support \_\_\_\_\_ 's decision to volunteer with the organization.

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

Telephone: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Parent/Guardian of Applicant below age of majority

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Interviewed by: \_\_\_\_\_ Interview date: \_\_\_\_\_

- Volunteer Applicant Interview Guideline completed and in General File
- Volunteer Applicant Interview Rating completed and in General File
- Volunteer Applicant Reference Check #1 completed and in Restricted File
- Volunteer Applicant Reference Check #2 completed and in Restricted File
- Volunteer Applicant Reference Check #3 completed and in Restricted File
- Criminal Record Check obtained and in Restricted File (applicable, not applicable)
- Driver's License photocopied and in General File (applicable, not applicable)
- Driver's Abstract obtained and in General File (applicable, not applicable)

Accepted:    Yes    No      If not, why?

Placement: \_\_\_\_\_ Supervisor: \_\_\_\_\_

- Position Description shared and in General File
- Volunteer Agreement signed and in General File
- Resume received and in General File

Date available to begin: \_\_\_\_\_

Start date: \_\_\_\_\_

Orientation date: \_\_\_\_\_

Data input date: \_\_\_\_\_ Initials: \_\_\_\_\_

Date of resignation: \_\_\_\_\_

- Volunteer Exit Interview completed and form in General File – Interview date: \_\_\_\_\_

General Observations/Comments/Note:

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