

PCHS Volunteer Application

First Name:	Last Name:	Application Date:
Address:		
City:	Province:	Postal Code:
Phone:	Email Address:	
Your age category: <input type="checkbox"/> Youth under 18 D.O.B (if under 18 years of age): <input type="checkbox"/> Youth 18-24 <input type="checkbox"/> Adults of 24 <input type="checkbox"/> Seniors 60+		
Valid Driver's Licence <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have your own transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Education: <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> University <input type="checkbox"/> Other:		
Emergency Contact:	Relationship:	Phone:

1. How did you hear about Punjabi Community Health Services?

- Website Social Media TV/Radio Newspaper PCHS Health Magazine
 Word of mouth Family/Friend Client of our agency Other:

2. Please list languages you are fluent in (Speaking, reading, and writing):

Speaking: _____
 Reading: _____
 Writing: _____

3. Have you ever been a client of PCHS in the past or present? Yes No

If yes, who took your case and when?

4. What do you hope to achieve with PCHS?

5. Please select the following options for Volunteer opportunities (Please note that the volunteer work in the programs will be non-client related).

- Mental Health Program Addictions Program Geriatric Program
 Settlement Program Group Programs Community Events

6. Please indicate your availability (days & times):

- | Days | Time |
|------------------------------------|------|
| <input type="checkbox"/> Monday | |
| <input type="checkbox"/> Tuesday | |
| <input type="checkbox"/> Wednesday | |
| <input type="checkbox"/> Thursday | |
| <input type="checkbox"/> Friday | |

Please indicate the number of hours you would be able to commit to PCHS (Due to the nature of our programs we require a minimum of 4 months):

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Best time to contact you? Morning Afternoon Evening

7. Previous work/Volunteer Experience

Name of the Organization/Company	Position/Title	Duration

8. References (Provide us non-family references; we may contact to verify the information)

Full Name: _____	Full Name: _____
Relationship: _____	Relationship: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

Application Signature

By signing below, I hereby certify that the information included in this application is true and complete. Additionally, I authorize Punjabi Community Health Services verify references I have provided. I understand the information I have shared is confidential, but may be shared with relevant departments. ***I acknowledge that if I am successful in obtaining a volunteer position with Punjabi Community Health Services, the volunteer position is conditional upon receipt of an original Police Records Search with Vulnerable Sector Screening that is acceptable to Punjabi Community Health Services. I understand that I am responsible for any cost associated with this process. I am responsible to provide my proof of two vaccination doses for COVID-19.*** I understand that I have to attend any mandatory orientation session and complete the required trainings prior to starting my volunteer position. I understand and agree to comply with the roles and responsibilities of my volunteer position.

Last Name: _____	First Name: _____
Applicant Signature: _____	Date: _____

Parent/Guardian Signature

Name of Parent/Guardian (Volunteers under the age of 18)

PLEASE PRINT: _____	TELEPHONE: _____
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I support this volunteer activity and give permission for my child _____ to participate as a Volunteer with Punjabi Community Health Services.

Parent/Guardian Signature: _____	Date: _____
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Incomplete and/or unsigned applications will not be considered. A current resume must be included along with the application

www.pchs4u.com

60 West Drive, Brampton, ON L6T 3T6 Phone: 905-677-0889 Fax: 1-855-326-7756 For

Volunteer inquiries please contact: peersupport@pchs4u.com

Please return completed application by Email

Office use only:

Application Received on:	Candidate Contacted on:	Interview Date: