



**FAMILY RELIEF SERVICES
VOLUNTEER APPLICATION**

Please Print

Date: _____

Name: _____

Address: _____

City: _____ Postal Code: _____ Phone: _____

Are you currently employed? YES Full time Part time NO

Previous Volunteer Experience: _____

Your Interests and Hobbies: _____

Your Interest in Volunteering: _____

When would you be willing to start?

Would you be willing to supply a current resume and references? _____

Please see page 2

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Declaration of Accuracy of Information and Release of Information Authorization

To Whom It May Concern:

I, _____, hereby certify that the facts set forth in the above volunteer application are true and complete to the best of my knowledge. I understand that if accepted, falsified statements on the application form may disqualify me from acceptance and/or become just cause for my dismissal and there shall not be any claims made against The Family Counselling Centre of Brant or Family Relief Services or any further legal obligation placed on The Family Counselling Centre of Brant or Family Relief Services as a result of having taken such action. This further authorizes The Family Counselling Centre of Brant and Family Relief Services to make any enquiries usually required to determine suitability for volunteer placement as well as to contact any personal or professional references to release to The Family Counselling Centre of Brant or Family Relief Services any information which will assist The Family Counselling Centre of Brant or Family Relief Services to determine my suitability for a volunteer position.

Parent or Guardian Signature
(If Applicant is under 16 years of age)

Date

Signature

Date