

# Volunteer Application

<b>OUR MISSION:</b>			
To empower individuals with Autism Spectrum Disorder and their families to fully participate in their community			
<b>NEW</b> Volunteer Applicant		<b>Returning</b> Volunteer Applicant:	
Date of last volunteer activity & program			
<b>PERSONAL CONTACT INFORMATION</b>			
Last Name:	First Name:		Middle:
Apt/Unit#:	Street Address:		
City:	Province:		Postal Code:
Phone: (Home)	(Cell)		(Work)
E-mail Address:		Are you over the age of 18?    Yes    No	
Have you ever been convicted of a criminal offence for which a pardon has not been granted? If Yes, please specify:		Yes    No	
Are you legally eligible to work in Canada?    Yes    No			
Are you volunteering to meet requirements? (eg. community service)    Yes    No		If Yes, # hours:	
Do you have any affiliation with Geneva Centre for Autism?    Yes    No		If Yes, please complete below:	
	I am currently/was a client of Geneva Centre for Autism.		
	I am a family member of a current or former Geneva Centre for Autism client/employee.		
	I am a former volunteer/employee of Geneva Centre for Autism.		
	I know someone who volunteers at Geneva Centre for Autism.		

**Please identify specific volunteer roles/activities you are interested in:**

Depending on the assignment, Geneva Centre for Autism requires volunteers to commit to a placement for a period of 3 to 6 months, providing 1 to 2 shifts per week. Shifts range from 3 – 7 hours. More details will be provided when volunteer placement is assigned.

I agree to commit to:	Date when I am available to start:
1 shift a week for 3 months                      2 shifts a week for 6 months	

**AVAILABILITY:** Using a check mark (✓) in the **white** spaces below, please **indicate all times you are available** so you can be considered for all vacant opportunities.  
If the area is shown shaded there are no placements held during that time.

Enter All Times You Are Available		Mon	Tue	Wed	Thu	Fri	Sat	Sun
<b>All Day</b>	9:00 am – 3:00 pm							
	9:00 am – 4:00 pm							
<b>Morning</b>	8:45 am – 1:00 pm							
	11:00 am – 3:00 pm							
<b>Afternoon</b>	12:45 pm - 4:30 pm							
<b>After School</b>	3:00 pm – 9:00 pm							
<b>Evening</b>	4:45 pm – 7:15 pm							
	6:15 pm – 8:45 pm							

Do you prefer to work with:	Children	Adults	No preference
Do you have experience working with groups of children?	Yes	No	
Do you have experience working with individuals with Autism Spectrum Disorder?	Yes	No	

<b>WORK EXPERIENCE – CURRENT OR PAST</b>		
Paid work, student placements, training programs or other work-related programs		
<b>Name of Organization</b>	<b>Position/Duties</b>	<b>From (MM/ YY) to (MM/YY)</b>

<b>VOLUNTEER EXPERIENCE – CURRENT OR PAST</b>		
<b>Name of Organization</b>	<b>Position/Duties</b>	<b>From (MM/ YY) to (MM/YY)</b>

<b>EDUCATION</b>		
<b>Highest Level of Education Completed OR In Progress:</b>		
None Apply	High School	Diploma/Certificate
Under Graduate Degree	Post Graduate Degree	
<b>Please specify area of study:</b>		

<b>Before signing and dating below, please read and mark each statement with a check (☑) to indicate you agree:</b>	
<b>Declaration</b>	I certify that I am 18 years of age or older.
	I certify the information in this application is correct to the best of my knowledge. I understand that any misrepresentation or omission may result in my dismissal.
	I understand that not everyone who applies is accepted into the Volunteer Program.
	I hereby authorize Geneva Centre for Autism to contact and obtain references in connection with my application for volunteering.
	As a condition of volunteering, I authorize that a Vulnerable Sector Police Record Check is completed.
	As a condition of volunteering, I agree to provide results of the required Volunteer TB Medical test.
	I understand all volunteers undergo a probationary period. I agree to commit to serve the minimum number of hours specified in my volunteer placement, unless otherwise arranged by Volunteer Resources and my staff supervisor.
	I agree to complete all mandatory training required by Geneva Centre for Autism.
	I will adhere to the policies of Geneva Centre for Autism as they are provided in written or verbal instructions.
	I agree to respect the confidentiality of all information to which I may have access at Geneva Centre for Autism. Violation of confidentiality provisions could result in immediate dismissal from the Geneva Centre for Autism volunteer programs.
	Geneva Centre for Autism reserves the right to release a volunteer from his/her volunteer position if, in the opinion of the Centre, continuance of the volunteer placement could cause detriment to the Centre.
I consent to Geneva Centre for Autism collecting, retaining, and disclosing my personal information in a secure manner consistent with the volunteering relationship.	

Geneva Centre for Autism is committed to diversity and inclusivity in employment. Geneva Centre for Autism is also committed to accommodating applicants with disabilities during the recruitment, assessment and selection process. Please notify us if you require accommodation in respect of the materials or procedures used at any time during this process. If you require accommodation Geneva Centre for Autism will work with you to determine how to meet your needs.

Signature of Applicant

Date