

Wee Care Centre
5217 Young Street
Halifax, NS B3K 6A6
(902) 455-1081
Website: www.WeecareForKids.com
Email: weecare@ns.aliantzinc.ca



Volunteer Application Form

(Please print legibly)

PERSONAL INFORMATION

Name:	
Address:	
Home Phone:	Business Phone:
Email:	

WORK EXPERIENCE

Are you presently employed?	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Retired	<input type="checkbox"/> Student
Employer / School Name:				
Current Position:				

Past or Current Work Experience:

EDUCATION / TRAINING

Highest Level of Education: High School University / College Other

If you chose "Other" from the above, please explain:

Please list any other relevant training, certification, experience, etc:

VOLUNTEER EXPERIENCE

Please include any past or present volunteer work with us or other community groups:

Volunteer Organization	Volunteer Position/Duties	Time Commitment

TIME AVAILABLE FOR VOLUNTEERING

Flexible

Weekdays AM

Weekdays PM

Specific Time: _____

Hours/Week: _____

GENERAL INFORMATION

How did you learn about our need for volunteers? Please select form the following:

- Media Wee Care Website Educational Facilities
 Friend/Family Member Other: _____

Please explain your reasons for wanting to volunteer with Wee Care Developmental Centre:

Please list any special skills, interests, or hobbies you have:

REFERENCES

Wee Care Centre seeks to protect participants, volunteers, employees and the community through appropriate screening measures. Reference checks are required for all employees and volunteers. Please provide the names of two references that we may contact (preferably individuals from organizations with which you have volunteered or worked)

Name	Contact Info

Please note that because volunteers are in a position of trust with children, they will be asked to obtain a police background check as well as complete a child abuse registrar form as an additional screening measure.

I hereby declare that the foregoing information is true and complete to my knowledge and I authorize Wee Care Centre to follow up on any information disclosed and to check references.

Signature:	Date:
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