

House of Lazarus

Student Volunteer Application Form

Please complete to the best of you're abilities.

All information is strictly confidential

Name: _____ Date: _____

Address: Mailing: RR or Post office _____ Apartment _____

City/town _____ Province _____ Postal Code _____

Street (if different from mailing): _____

Home Phone # _____ Work Phone # _____

Birth Date _____

In case of Emergency we should contact:

Name _____ Relationship _____

Address _____ Telephone _____

When are you available to volunteer: Day(s) of the week please circle when you are available:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9:00 to 12:00	9:00 to 8:00pm	9:00 to 12:00	9:00 to 12:00	9:00 to 12:00	9:00 to 3:00pm

Additional comments _____

What area of work are you most interested in at the House of Lazarus? (please circle 1 or more)

Store	Sorting	Food	Annex	Other(e.g. Board Member/repairs)
cash/ upkeep	clothing	Bank	Support	Please specify _____

Comments _____

Why do you want to become a volunteer at the House of Lazarus? _____

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Education/Experience:

Education: E.G.:What Grade are you in? _____

Previous Volunteer Work Experience: _____

Employment Experience: _____

Interests and hobbies _____

References:Please indicate two people other than family members we can contact as references.

Name _____

Company _____

Address _____

Phone # _____

Relationship _____

Name _____

Company _____

Address _____

Phone # _____

Relationship _____

Is there any other information about yourself that you would like to include that would be beneficial to you work with us? _____

Signature of Parent if applicant is under 18 years of age _____

Date: _____

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Student Volunteer Confidentiality Agreement

Please read carefully.

I understand and agree that in the performance of my duties as a volunteer of the House of Lazarus, I must hold all information regarding the clients and participants in strictest confidence.

I understand and agree that intentional or voluntary violation of confidentiality may result in disciplinary action, including possible suspension from duties.

I understand that my references will be checked and a police check will also be requested.

Signature: _____ Date: _____

Witness: _____ Date: _____