

# House of Lazarus Volunteer Application Form

Please complete to the best of your 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 9:00 to 12:00	Tuesday 9:00 to 8:00pm	Wednesday 9:00 to 12:00	Thursday 9:00 to 12:00	Friday 9:00 to 12:00	Saturday 9:00 to 3:00pm
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Are you available for special events or in emergencies      Yes      No

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  
cash/      clothing      Bank      Support      Please specify \_\_\_\_\_  
upkeep

Comments \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# House of Lazarus

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Education/Experience:

Education/Professional Training: \_\_\_\_\_

Volunteer Work: \_\_\_\_\_

Employment: \_\_\_\_\_

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? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# House of Lazarus

## 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: \_\_\_\_\_