**

**VOLUNTEER APPLICATION FORM**

(Information received is strictly confidential)

**Please fill out all information, and email the completed form to One City Peterborough CoSA Program Coordinator, Jenny, at jkennedybloom@onecityptbo.ca. You can also mail or drop off the application at 541 Water St. Peterborough, ON K9H 3M6.**

**Full Name: Gender Identity**: **D.O.B.**

**Address:**

**Street City Postal Code**

**Telephone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **E-mail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary contact number (Work or Cell?)

**Occupation and/or Employer:**

**Education:**

**Relevant volunteer or work experience:**

**Formal Skills/Certifications:**

**Languages spoken:** English: French: Other:

**Hobbies/Interests**:

**How did you hear about CoSA?**

**Why do you want to become a CoSA volunteer? What do you hope to gain personally and/or professionally?**

**Do you have any knowledge or experience with the correctional system? Please elaborate.**

**Drawing on your volunteer/work experience, what particular skills do you feel you can contribute to CoSA?**

**What aspects of your work or volunteering have others given you positive feedback about**?

**What aspects of working or volunteering do you find most stressful or difficult?**

**What strategies do you use for self-care and stress management?**

**We ask for a one-year commitment from the time of placement in a circle, and, on average, a 1-2 hour commitment per week. How would volunteering for CoSA fit into your schedule?**

**Do you plan extended time away in the coming year?**

**What are your long-term plans (the next 1-2 years)?**

**Is there any additional information that you feel we should know about you?**

**[Organization name] is committed to the safety and success of our volunteers. Please inform us of any allergies or serious medical conditions of which we should be aware, and/or accommodation needs due to disability or medical conditions, if any.**

**REFERENCES:**

Please provide the names and contact information of two individuals, **excluding family members**, who can speak to your potential suitability/involvement in CoSA. **Please include at least one professional reference.**

1. **Name:** **Position/Relationship:**

**Phone**: **e-mail**:

2. **Name:**  **Position/Relationship**:

**Phone**: **e-mail**:

I acknowledge that the information provided in this application form is correct to the best of my knowledge. I authorize any references listed in this form to provide to CoSA staff any information they may have regarding my character. I also agree that if I am selected to be a CoSA volunteer, I will obtain a Criminal Record Check (or will give permission for a Check to be obtained on my behalf, if the site is able) for the purpose of protection against any false allegations and for the protection of those I support. I understand that the results will be kept in strict confidence.

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Signature (May be signed at time of interview) Date