



**Independent Living Sudbury Manitoulin**  
125 Durham Street | Sudbury, ON | P3E 3M9  
Tel. 705-675-2121 | Fax: 705-675-1283 | [www.ilsml.ca](http://www.ilsml.ca)

## **Volunteer Application & Agreement Form**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

\* Name of Parent or Guardian if under 18 years: \_\_\_\_\_  
(If volunteer is under 18 years old, parent/guardian must also complete a volunteer application & agreement form)

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
(Name) (Tel. #; Indicate Home/Work/Cell)

Do you have any friends/family members who are employed or volunteer here? \_\_\_\_ Yes \_\_\_\_ No

When are you available to volunteer? (Please specify hours of availability)

Monday: _____	Friday: _____
Tuesday: _____	Saturday: _____
Wednesday: _____	Sunday: _____
Thursday: _____	Holidays: _____

Types of volunteer work you are interested in:

\_\_\_\_ Research    \_\_\_\_ Cleaning/Janitorial    \_\_\_\_ Fundraising    \_\_\_\_ Education/Teaching  
\_\_\_\_ Adaptive Technology    \_\_\_\_ Food Program    \_\_\_\_ Administration/Front Desk  
\_\_\_\_ Other

(If Other, please specify): \_\_\_\_\_

List Your Past Volunteer Experiences:

Organization:	Duties:	Month/Year to Month/Year:

Additional Skills and/or Certifications: Check any that apply

First Aid       CPR

WHMIS       Food Handler Certification

Other: Please Specify \_\_\_\_\_

**BACKGROUND CHECK & DECLARATION:**

Volunteers working with individual consumers must provide a Police Check (PC). Criminal conviction does not necessarily bar an applicant from volunteering. The nature of the offence will be taken into consideration before a decision is made. We ask that all volunteers obtain a Police Check (PC) and Independent Living Sudbury Manitoulin will reimburse the fee. We ask that the Police Check be submitted to Independent Living Sudbury Manitoulin before beginning to work with consumers.

I will submit to a Police Check

Have you ever been adjudged civilly or criminally liable for abuse of an individual with disabilities?

Yes       No

Have you ever been convicted of a crime?

Yes       No

\* If yes, please describe:

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**REFERENCES:** List two people, not related to you, who have knowledge of your qualifications.

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

I need the following accommodation(s) to work as a volunteer (if applicable):

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

As a volunteer for the Independent Living Resource Centre Corp., I agree to abide by all applicable rules and regulations of the agency. I understand that I will receive no monetary benefits in return for my volunteer service. I understand that Independent Living Sudbury Manitoulin may terminate this agreement at any time without prior notice for any reason. I hereby authorize Independent Living Resource Corp. to check my references and I understand that a criminal background check is required.

I certify that my answers on this application are true and complete. I certify that I have not knowingly withheld any information that might, if disclosed, affect my application unfavourably. I understand that any misrepresentation or omission of facts on this application could be cause for rejection of this application or dismissal of volunteer duties.

I understand that after I submit this application, it will be reviewed and my eligibility for volunteer services will be determined. I agree to an interview with the on-site manager and to attend on-site orientation to perform my volunteer role.

I hereby Release and Waive liability against Independent Living Resource Centre Corp., a non-profit corporation, its directors, officers, employees and agents, its successors and assigns, for any injuries or illness that I myself or my dependent may suffer in connection with any volunteer work for the agency. Further, I agree that Independent Living Resource Centre Corp., is not liable for any damage to my property or my dependent's property resulting from volunteer work for the agency. I agree that this

release is as broad and inclusive.

Volunteer's Name (Printed): \_\_\_\_\_

Volunteer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_