



Pelham Cares Volunteer Profile

CONTACT INFORMATION

Name:

Address:

Postal Code:

Mailing Address:

Home Telephone:

Cell Phone:

Email:

In Case of Emergency – Contact Name:

Relationship:

Contact #:

Alternate #:

Allergies & Sensitivities:

Proof of Vaccine:

Physical restrictions/medical conditions:

PROFESSION/OCCUPATION

- Retired
 - Other**
-

Please indicate the area of volunteering that most interests you:

SKILLS [you may check more than one skill]

- | | |
|--|--|
| <input type="checkbox"/> Board experience | <input type="checkbox"/> Financial |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Public relations |
| <input type="checkbox"/> Fund raising | <input type="checkbox"/> Governance |
| <input type="checkbox"/> Special events | <input type="checkbox"/> Executive |
| <input type="checkbox"/> Telephone / Call Centre | <input type="checkbox"/> Administrative |
| <input type="checkbox"/> Driving | <input type="checkbox"/> Computer |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Grant Writing |
| <input type="checkbox"/> Policy /bylaws | <input type="checkbox"/> CPR |
| <input type="checkbox"/> Letter writing | <input type="checkbox"/> First aid |
| <input type="checkbox"/> Smart Serve | <input type="checkbox"/> Food Handling Certification |
| <input type="checkbox"/> | <input type="checkbox"/> |

WORK/COMMUNITY EXPERIENCES [list your current/past work & volunteer activities]

VOLUNTEER DRIVERS ONLY - Information needs to be updated yearly.

NOTE: Police Information Check – Vulnerable Sector is required.

Drivers License #: (Attach photocopy)					
Car Insurance Provider & Policy #: (Attach photocopy)					
Car Registration – Attach photocopy					
Records on file: Proof of Insurance					
<input type="checkbox"/>	<input type="checkbox"/> 2020	<input type="checkbox"/> 2021	<input type="checkbox"/> 2022	<input type="checkbox"/> 2023	<input type="checkbox"/> 2024

MEDIA/PICTURE PERMISSION **Yes** **No**

Pelham Cares cannot guarantee volunteers positions to all applicants. Priority will be given to qualified applicants able to fill positions most needed. Applications will be kept on file for future needs.

Date: _____ Signature: _____

Please return completed application to:
Pelham Cares Inc.
Mail Address: P O Box 1173, Fonthill ON L0S 1E0
Office location: 191 Hwy 20 E. Fonthill
Email: info@pelhamcares.org

For Office Use Only:	

Policy Reviewed by: _____	Date: _____