|  |  |  |
| --- | --- | --- |
| **First Name:**       | **Last Name:**       | **Application Date:**        |
| **Address:**       |
| **City:**       | **Province:**       | **Postal Code:**       |
| **Phone:**       | **Email Address:**       |
| **Your age category:**[ ]  Youth under 18 D.O.B (if under 18 years of age):      [ ]  Youth 18-24 [ ]  Adults of 24 [ ]  Seniors 60+ |
| **Valid Driver’s Licence** [ ] Yes[ ] No  | **Do you have your own transportation?** [ ] Yes[ ] No |
| **Education:** [ ] High School[ ] College[ ] University[ ] Other:      |
| **Emergency Contact:**       | **Relationship:**       | **Phone:**       |

1. **How did you hear about Punjabi Community Health Services?**

[ ]  Website [ ]  Social Media [ ] TV/Radio [ ]  Newspaper [ ] PCHS Health Magazine

[ ]  Word of mouth [ ]  Family/Friend[ ]  Client of our agency [ ]  Other:

1. **Please list languages you are fluent in** *(Speaking, reading, and writing)***:**

|  |  |
| --- | --- |
| Speaking: |       |
| Reading: |       |
| Writing: |       |

1. **Have you ever been a client of PCHS in the past or present?** **☐** Yes **☐** No

If yes, who took your case and when?

1. **What do you hope to achieve with PCHS?**

|  |
| --- |
|       |

1. **Please select the following options for Volunteer opportunities** *(Please note that the volunteer work in the programs will be non-client related).*

[ ] Mental Health Program [ ]  Addictions Program [ ]  Geriatric Program

[ ]  Settlement Program [ ]  Group Programs [ ]  Community Events

1. **Please indicate your availability** *(days & times):*

|  |  |
| --- | --- |
| **Days** | **Time** |
| [ ] Monday |       |
| [ ] Tuesday |       |
| [ ] Wednesday |       |
| [ ] Thursday |       |
| [ ] Friday |       |

**Please indicate the number of hours you would be able to commit to PCHS** *(Due to the nature of our programs we require a minimum of 4 months)***:**

**Best time to contact you?** [ ] Morning[ ] Afternoon[ ] Evening

1. **Previous work/Volunteer Experience**

|  |  |  |
| --- | --- | --- |
| Name of the Organization/Company | Position/Title | Duration |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

1. **References** (*Provide us non-family references; we may contact to verify the information)*

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |       | Full Name: |       |
| Relationship: |       | Relationship: |       |
| Phone: |       | Phone: |       |
| Email: |       | Email |       |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Application Signature**By signing below, I hereby certify that the information included in this application is true and complete. Additionally, I authorize Punjabi Community Health Services verify references I have provided. I understand the information I have shared is confidential, but may be shared with relevant departments***. I acknowledge that if I am successful in obtaining a volunteer position with Punjabi Community Health Services, the volunteer position is conditional upon receipt of an original Police Records Search with Vulnerable Sector Screening that is acceptable to Punjabi Community Health Services. I understand that I am responsible for any cost associated with this process***. ***I am responsible to provide my proof of two vaccination doses for COVID-19.*** I understand that I have to attend any mandatory orientation session and complete the required trainings prior to starting my volunteer position. I understand and agree to comply with the roles and responsibilities of my volunteer position.

|  |  |  |  |
| --- | --- | --- | --- |
| **Last Name:** |       | **First Name:** |       |
| **Applicant Signature:** |       | **Date:** |       |

**Parent/Guardian Signature****Name of Parent/Guardian** (Volunteers under the age of 18)

|  |  |  |  |
| --- | --- | --- | --- |
| **PLEASE PRINT:** |       | **TELEPHONE:** |       |

**I support this volunteer activity and give permission for my child**       **to participate as a Volunteer with Punjabi Community Health Services.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent/Guardian Signature:** |       | **Date:** |       |

 |

***Incomplete and/or unsigned applications will not be considered. A current resume must be included along with the application***

[***www.pchs4u.com***](http://www.pchs4u.com)

50 Sunny Meadow Blvd, Brampton, ON L6R 1X5Phone: 905-677-0889 Fax: 1-855-326-7756

For Volunteer inquiries please contact: harpreet@pchs4u.com

**Please return completed application by Email**

***Office use only:***

|  |  |  |
| --- | --- | --- |
| **Application Received on:**      | **Candidate Contacted on:**       | **Interview Date:**       |
|       |  |  |