



Volunteer Application Form

*Thank you for completing this form. Please print clearly.
All information gathered will be kept confidential and will be used only by the
Ontario Pre-Hospital Profession's Group*

Date: _____

GENERAL INFORMATION

Last Name: _____ First Name: _____ Initials: _____
Address: _____ Apt/Unit #: _____
City: _____ Province: _____ Postal Code: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ Fax: _____
Other: _____ E-Mail Address: _____
Can we call you at work? Yes No Preferred contact method: _____

APPLICANT PROFILE QUESTIONS

OPPG adheres to and complies with the provisions under the provincial and territorial Human Rights Acts.

Have you ever been employed by, or volunteered with, a First Aid Support Group? Yes No
If yes, please specify where, when, and your position or role.

List any previous and/or current volunteer activities.

How did you hear about the volunteer program at OPPG?

Newspaper Friend/Acquaintance Internet Other _____
 Special Event School Flyer

Describe your main reasons for wanting to volunteer. (Check all that apply.)

Desire to help others Interest in community involvement
Gain experience & develop skills Establish work record & build resume
Meet people & network Other: _____

What is your availability? (Check all that apply.)

Regularly-once or twice a week Occasionally as needed Once a month
Projects- one to three months Special Events
Other (please specify)

Check all the times that you are available.

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-----------|--------|---------|-----------|----------|--------|----------|--------|
| Morning | | | | | | | |
| Afternoon | | | | | | | |
| Evening | | | | | | | |

Morning = 05:00am to 12:00pm Afternoon = 12:00pm to 5:00pm Evening = 5:00pm to 05:00am

Are you currently employed? Yes No

Position/Title: _____

Employer: _____

Employer Address: _____

Can you provide a resume? Yes Attached No *please provide a list of your work experience:*

Language:

| | | | |
|-------|--------------------------------|-------------------------------|--------------------------------|
| _____ | <input type="checkbox"/> Speak | <input type="checkbox"/> Read | <input type="checkbox"/> Write |
| _____ | <input type="checkbox"/> Speak | <input type="checkbox"/> Read | <input type="checkbox"/> Write |
| _____ | <input type="checkbox"/> Speak | <input type="checkbox"/> Read | <input type="checkbox"/> Write |

REFERENCES

1. Present or former employer/volunteer agency; 2. Educational institution; 3. Acquaintance belonging to a recognized profession who has known you for at least 2 years such as your doctor, lawyer, or an eligible guarantor of a passport application (to be used if #1 and #2 are not an option).

| | |
|----------------------------|--|
| Name: | |
| Address: | |
| Telephone Number: | |
| Relationship to Applicant: | |
| | |
| Name: | |
| Address: | |
| Telephone Number: | |
| Relationship to Applicant: | |
| | |
| Name: | |
| Address: | |
| Telephone Number: | |
| Relationship to Applicant: | |

I certify that the information in this application is correct and complete. I agree to behave in accordance with the Rules and Regulations of the Ontario Pre-Hospital Profession's Group. I give my permission to the Ontario Pre-Hospital Profession's Group to contact the above references and I also agree to provide a criminal record check and/or a driver's abstract when required.

Signature of applicant

Date