



LAMP Community Health Centre Volunteer Application Form

Date Submitted:

Contact Information

First Name:

Last Name:

Address:

Unit:

City:

Postal Code:

Phone:

Can we leave a message?

Y

N

Email:

Age:

Birth Sex:

Gender (if different from birth sex):

If you are a student, name of school:

Accommodation(s) Required? Y N

- if yes, please specify:

Have you been a client of LAMP CHC? Y N

If yes, which program(s):

Skills & Experience – include any volunteer experience or community involvement you may have.

Language(s) spoken:

Education:

Availability: Mon Tue Wed Thurs Fri Sat Sun # hours/week:

Timeframe: Mornings Afternoons Evenings



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Goals – what would you like to achieve by volunteering at LAMP CHC?

Interests – please indicate your personal interests and if you would like to volunteer for a particular program or area of service

Advocacy Work

Board of Directors

Committee Work

Environmental Work

Fundraising

Mental Health

Office/Admin Work

Publicity

Public Speaking

Special Events

Tutoring Adults

Urban Planning

Working with Adults/Seniors

Working with Children

Working with Youth

Writing/Editing

Other:

Wherever helpful

Specify Program or Area:

Volunteer Services will contact you if there is a need for volunteers in the area(s) you have selected and/or with available opportunities. Applications are kept on file for six months in our effort to match you with a volunteer role at LAMP CHC, and destroyed afterwards if a placement has not occurred.

Your information is stored in a secure manner and only accessible to authorized staff, and for the purposes of screening and contacting you. More information will be required, such as a vulnerable sector police records check etc. upon a successful program or service match, along with other details.

For more information, please contact LAMP Volunteer Program at volunteering@lampchc.org or call 416-252-9701, Ext. #245. If you are sending an email please use 'LAMP Volunteering' as the subject.