



VOLUNTEER APPLICATION & PROFILE FORM

Thank you for your interest in volunteering with the Mission to Seafarers Southern Ontario. Volunteers play a vital role in supporting and delivering our services.

Please note:

- Volunteers must be at least 16 years of age.
- Positions require a Criminal or Vulnerable Sector Police Background Check.
- An application to volunteer does not guarantee acceptance.
- All volunteer applications are reviewed according to available volunteer opportunities and in accordance with the job description.
- A personal interview is required.
- Once completed, this Form becomes the property of the Mission to Seafarers Southern Ontario

1. PERSONAL DATA

Full Name:

First

Last

CURRENTLY, I AM:

High School Student at

Name of school

Post-Secondary Student at

Name of college/university

Employed

Name of company/Organization & current profession

Other

Please specify

Retired



Do you require a letter or statement of volunteer hours performed at Mission to Seafarers Southern Ontario?

Yes No How Many Hours? _____

How did you hear about volunteering at the Mission to Seafarers Southern Ontario?

Friend Event Volunteer At my Parish Community Bulletin Website

Other (Please specify) _____

2. CONTACT INFORMATION

Address:

Street _____ Apartment/Unit # _____

City _____ Province _____ Posta Code _____

Home Phone: _____ Cellphone: _____

Email _____

3. COMPETENCIES

SKILLS, QUALIFICATIONS, CERTIFICATIONS

First Aid CPR G License

Other (e.g. marketing, translation, social media, etc....) _____



4. INTEREST

Why are you interested in volunteering at the Mission to Seafarers Southern Ontario?

What volunteer opportunities are you interested in?

Host Driver Ship Visitor Fundraising/Event Board of Directors

Other (Please specify) _____

5. AVAILABILITY

Please Check

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Daytime 11am-3pm							
Evening 4pm-8pm							
Other?							



6. REFERENCES

NAME	COMPANY/ ORGANIZATION	PHONE	EMAIL	RELATIONSHIP
1.				
2.				
3.				

The information contained herein is true and complete and I give Mission to Seafarers Southern Ontario consent to contact my references. I give permission to send volunteer informational emails to the email listed above.

SIGNATURE: _____

DATE: _____

To Be Completed Upon Successful Acceptance

7. EMERGENCY CONTACT	
Full Name:	Relationship:
Home Phone:	Cellphone: