



93 Birchmount Road
Scarborough, ON
M1N 3J7
Tel: (416) 396-4310
Fax: (416) 396-4314

Volunteer Application

Thank you for your interest in Birchmount Bluffs Neighbourhood Centre. We appreciate you taking the time to complete the following application form. BBNC recognizes that each volunteer brings unique skills and experience to our organization. The information you provide will help identify these abilities and ensure that your volunteer experience with Birchmount Bluffs Neighbourhood Centre will be both enjoyable and rewarding.

Last Name: _____ First Name: _____

Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Business (other) Phone: _____

Email address: _____

Best time to contact: Day _____ Evening _____ Work _____ At home _____

Present Occupation: _____

Current Employer: _____

Address: _____

City: _____ Postal Code: _____

School (if a student): _____

Area of study: _____

Do You Have a Drivers Licence? G1 _____ G2 _____ G _____ Other _____

Do You Have access to car? _____

Identify Spoken or Written Languages: _____

Please list any special skills, training, certifications, hobbies and interests that you may be interested in using in as a volunteer: _____

What volunteer position are you most interested in at present? _____

Please describe any previous volunteer experience(s). (Attach resume if needed). _____

How did you hear about Birchmount Bluffs Neighbourhood Centre? Family Friends

Newspaper Word of Mouth Charity Village Volunteer Toronto Other (please describe): _____



93 Birchmount Road
Scarborough, ON
M1N 3J7
Tel: (416) 396-4310
Fax: (416) 396-4314

Volunteer Opportunities:

Birchmount Bluffs Neighbourhood Centre offers a number of volunteer opportunities at various times of the day. Please review carefully and choose from the following volunteer opportunities:

<p>General Volunteer Positions <i>Please note that the centre is open Monday through Saturday</i></p>	<p>Older Adult Programs <i>Please note that Older Adult Program volunteers are required to be available Monday through Friday during the daytime.</i></p>	<p>Active and Able Programs <i>Please note that Active and Able Program volunteers must be available during the daytime Monday through Friday.</i></p>
Reception	Life After Loss	Hot Tub and Pool Access
Program Registration	Carpet Bowling	Gentle Motion: Water Movements
Graphic Design	Qigong	Gentle Motion: Water Movements
General Maintenance	Fitness	Bluffers Peer Support
Summer Camp Assistant	Aqua Fitness	Recreation & Leisure Swim
Filing	Older Adult Advisory Committee	Song 'N Dance
Data Entry	Day trips	Chair Tai Chi
Special Events	Healthy Bones	Youth Drop-In Centre
Tax Return Preparation	Tai Chi	Barrier Free Advisory Committee
	Line Dancing	Women's Workshop Series
	Lunch & ...	Other
	Other	
<p>Share Christmas <i>Please note that volunteers are needed during the daytime and evenings and may develop their own schedule in partnership with the Special Events Coordinator.</i></p>	<p>Youth Drop-In Centre <i>Please note that Youth Drop-In volunteers must be available to assist between 12noon and 6:00pm Monday through Friday.</i></p>	<p>Infant – Preschool Programming <i>Please note that Preschool Program volunteers must be available to assist in programming between 8:00am and 3:00pm Monday through Friday.</i></p>
Interviewer	Outreach to the Community	Story Time
Phone Calls	Graphic Designer – flyer and materials development	Creative Learning In Progress
Packers	Data Entry	Telling Tales
Drivers	Program Mentor	Art Start
	Homework Mentor	Cooking with Children
	Program Facilitator	Rhyme Time
	General Maintenance	Child Care
	Other	Other
<p>Family Resource Centre <i>Please note that the Family Resource Centre is open during day and evening hours Monday through Friday</i></p>	<p>General Interest Programs <i>Please note that General Interest Program volunteers can be available during daytime or evening hours Monday through Friday.</i></p>	<p>Fitness & Wellness Programs <i>Please note that Fitness and Wellness Program volunteers must be available Monday through Saturday and can be available during the daytime or evening.</i></p>
First Steps		
Babies At Play		
Child Care		
Dad & Me		
Toy Lending Library		
Video/Book Lending Library		
Other		
Other		
Other		



93 Birchmount Road
Scarborough, ON
M1N 3J7
Tel: (416) 396-4310
Fax: (416) 396-4314

Please see Program Brochure for specific programs, days and times

Availability:

Dates and Times		Morning Before 12pm	Afternoon 12pm-6pm	Evening After 6pm	Specific Times (Optional)
	Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Were you ever indicted or convicted of child abuse? Were you ever convicted of a criminal offense? (Omit minor traffic violations and any offense committed before your 18th birthday that was finally adjudicated in a juvenile court or under a youth offender law.) If yes, give details on a separate sheet of paper. Conviction of a criminal offense is not a bar to volunteer in all cases. Each case is considered on its merits.

Yes **Please detail on separate sheet.** **No**



93 Birchmount Road
Scarborough, ON
M1N 3J7
Tel: (416) 396-4310
Fax: (416) 396-4314

References:

Please list names of two people we can contact for references (no relatives please). If you are employed, please include your employer or supervisor.

Note: References are individuals who have known you more than 2 years

1. Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Email Address: _____

2. Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Email Address: _____

To facilitate my screening as a volunteer with Birchmount Bluffs Neighbourhood Centre, I hereby authorize the exchange of information between Birchmount Bluffs Neighbourhood Centre and the above listed referees.

Signature of Applicant _____ Date

Signature of Witness _____ Date

Please forward application to:

Birchmount Bluffs Neighbourhood Centre
93 Birchmount Road
Scarborough, ON M1N 3J7
Phone: 416 396-7579 Fax: 416 396-4314
Email: lindac@bbnc.ca