

Durham Community Legal Clinic

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www.durhamcommunitylegalclinic.ca

VOLUNTEER APPLICATION FORM

Thank you for your interest in becoming a volunteer with **Durham Community Legal Clinic**. The information on this form will help us to find the most satisfying and appropriate volunteer placement for you. Please return this signed application along with a personal resume.

Personal Information:

Name:	_____
Address:	Postal Code: _____
Phone No.	Work No: _____
Fax No:	Email: _____

Why are you interested in volunteering for the Durham Community Legal Clinic?

What do you hope to gain from your volunteer experience?

What are your personal goals working with Durham Community Legal Clinic?

Skills and Abilities: (Please check any skills / abilities you bring to a volunteer position.)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Microsoft Word | <input type="checkbox"/> Filing | <input type="checkbox"/> Open / Distribute Mail | <input type="checkbox"/> Outlook |
| <input type="checkbox"/> Clerical Duties | <input type="checkbox"/> Typing | <input type="checkbox"/> Excel | <input type="checkbox"/> Dictation |
| <input type="checkbox"/> PowerPoint | <input type="checkbox"/> Faxing | <input type="checkbox"/> Telephone Skills | <input type="checkbox"/> Detail Oriented |
| <input type="checkbox"/> Publisher | <input type="checkbox"/> Correspondence | <input type="checkbox"/> Reception Duties | <input type="checkbox"/> Statistics |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Record keeping | | |

Other Skills or Abilities:

Previous Experience: (volunteer or Employment; attach resume if applicable)

Name of Organization	Dates	Address	Position

Availability:

How many hours per week / month can you realistically devote to volunteering?

What is the expected duration of your volunteer commitment?

What days are you available?

When are you available to begin volunteering?

How did you find out about the volunteer opportunities with the Durham Community Legal Clinic?

Emergency information:

Emergency Contact Name: _____

Phone Number: _____

Relationship; _____

Do you have any medical conditions that may affect your volunteering? If yes, please explain:

References: (please print clearly and supply name, address, postal code, and telephone number)

Please provide the names of three persons who are familiar with your character and/or qualifications. Ideally, your references should have known you for at least 2 years. Each will be contacted by phone and asked to respond to a short questionnaire. All responses will be confidential.

- | | Name | Address | Tel. No. |
|-----|-------|---------|----------|
| 1.) | _____ | | |
| 2.) | _____ | | |
| 3.) | _____ | | |

Authorization for collection of personal Information:

I, _____, authorize **Durham Community Legal Clinic** to collect personal information appropriate to the position applied for concerning my academic background, employment history, and verify the character references I have supplied. I also authorize the **Durham Community Legal Clinic** to conduct a criminal background check.

(Signature)

(Day, Month, Year)

Please Read Carefully before Signing:

I understand and agree that volunteering and continued instruction regarding volunteerism by Durham Community Legal Clinic is conditioned upon the following:

1. Observance of the rules, regulations, and instructions governing volunteerism by Durham Community Legal Clinic as in effect at the time of volunteering, or established at any subsequent time.

2. The verification of statements made by me in this application.

Statement:

I hereby certify that all statements made in respects to my application are true and complete to the best of my knowledge. I agree and understand that any false statements of material facts in my application will forfeiture on my part all rights to volunteer with Durham Community Legal Clinic. I also acknowledge that Durham Community Legal Clinic is not obligated to use my services as a volunteer in any way.

Signature: _____ Date: _____
(Please sign that you have read and understand the above statement)

NOTICE OF COLLECTION OF INFORMATION

Personal Information collected on this form is collected for the purpose of processing this application and administration and enforcement. Personal information on this form is collected under the Freedom of Information and Protection of Privacy Act, and is necessary for the operation of the **Durham Community Legal Clinic**.