



School Based Programs Volunteer Application Form

Name: _____

Address: _____

Preferred Telephone #: _____

Email: _____

What do you expect to gain from your volunteer experience at Family SOS?

Special Accommodations Required:

Please indicate your current availability between the hours of 8:30am-3pm:

Time	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

*If your availability changes, please inform the program coordinator

Please specify your ideal commitment schedule:

- 1.5 hours (one session) once a week
- 1.5 hours (one session) twice a week
- 1.5 hours (one session) three times a week
- 3 hours (2 sessions) once per week
- 3 hours (2 session) twice a week

Check the box next to the area in the HRM that you are able to volunteer:

	Halifax		Tantallon
	Dartmouth		Spryfield
	Bedford		Eastern Passage
	Sackville		Eastern Shore
	Other: _____		Other: _____

References

Please list three people that you have known, other than family members, for at least six months and to whom we may refer.

1. Name: _____
Telephone: _____
Email: _____
Relationship: _____
2. Name: _____
Telephone: _____
Email: _____
Relationship: _____
3. Name: _____
Telephone: _____
Email: _____
Relationship: _____

I hereby give Family SOS permission to approach my references for comments as to my suitability as a volunteer with this agency: YES NO

Volunteer Screening

Volunteers are expected to apply for a Criminal Record Check and a Child Abuse Registry Check. The following steps will be followed prior to beginning volunteer work with the organization. You will be asked to:

1. Complete a volunteer application form
2. Return the volunteer application form and your resume to:
Family SOS
2006 Gottingen Street
Halifax, NS B3K 3B1
Fax: (902) 455-7190, or info@familysos.ca
3. Attend a short interview

Thank you for your interest in Family SOS!