



Bracelet of Hope Volunteer Application



Should any of this information change, please let us know.

THIS INFORMATION IS CONFIDENTIAL

Name: _____
 Address: _____
 City: _____ Postal Code _____
 Home Phone: _____
 Cell Phone: _____
 Email: _____
 Birthday (month & day): _____
 Favorite Treat: _____

I am applying for the following volunteer position(s):

Please circle all that apply: Office Volunteer Event Volunteer Special Skills

Age*: please circle one: 13- 17 18-25 25-40 40-60 60plus

Emergency contact information:

Name: _____ Relationship: _____
 Phone # _____ Cell Phone # _____

Please help us get to know you better by answering the following.

If you have a resume that you would like to attach, we would welcome that.

How did you learn about volunteering with Bracelet of Hope?

- Bracelet of Hope website
- Guelph Volunteer Centre
- K/W Volunteer Centre
- Friend or acquaintance
- A community event
- Direct mail letter
- Volunteer Fair
- Other _____

Do you have any skills you would like to use in your volunteer role with Bracelet of Hope?

- Retail Sales
- Customer Service
- Community Engagement
- Event Planning
- Computer: Social Media/Website
- Marketing/Public Relations
- Business/Administration
- Other _____

What are your reasons for volunteering with Bracelet of Hope?

- Support the cause
- Meet new people
- Network
- Gain experience
- Develop skills
- Other_____

Note:

Is there any other information that you would like us to know about you?

Please provide 2 references that we may contact to support your application. Please include their full name, phone number, email address and your relationship with the reference. *Note: No family members.*

1. _____

2. _____

Volunteer Confidentiality Agreement

At all times, the privacy and dignity of supporters, donors, volunteers and staff will be respected and the mission, vision and values of Bracelet of Hope will be followed in accordance with its policies, standards and guidelines. As a volunteer with Bracelet of Hope, you may have access to personal and/or financial information and it will be treated as confidential material; reasonable care and caution should be used to protect and maintain total confidentiality. This Confidentiality Agreement is binding beyond your association with Bracelet of Hope. Any misuse of information shall be considered a breach of confidentiality and will be cause for disciplinary action to be taken by Bracelet of Hope.

***By signing below, you acknowledge that the information provided is true and accurate and that you have read, understand and will abide by the agreement above. And by signing below, you grant Bracelet of Hope permission to contact the references listed.**

Your signature: _____ Date: _____

Start Date: _____

*The information gathered on this application form will be used only for the purposes of establishing and maintaining a viable working relationship between the volunteer and Bracelet of Hope and the Board of Directors and will be considered confidential.

