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www.naccacommunity.ca

VOLUNTEER APPLICATION FORM	
NAME:	PREFERRED NAME:
ADDRESS:	PHONE NUMBER:
EMAIL:	PREFERRED METHOD OF CONTACT:
VOLUNTEER POSITION:	
CURRENT WORK / STUDY:	
FULL TIME:	PART TIME:
EMERGENCY CONTACT	
NAME:	
RELATIONSHIP TO YOURSELF:	
CONTACT TELEPHONE NUMBER:	
GENDER:	
PRONOUN PRFERENCES:	
REFERENCES: PLEASE PROVIDE THE NAMES OF AT LEAST 2 CHARACTER REFERENCES	
1. NAME	PHONE
EMAIL:	
2. NAME	PHONE
EMAIL:	
EXPERIENCE AND QUALIIFCATIONS	
TELL US WHAT EXPERIENCE YOU WILL BRING OR WOULD LIKE TO GAIN:	
LANGUAGES SPOKEN (INCLUDING CREOLE LANGUAGES):	
OTHER VOLUNTARY WORK EXPERIENCE (IF ANY):	

WHY ARE YOU INTERESTED IN BECOMING A VOLUNTEER?

PLEASE INDICATE YOUR AVAILABILITY BELOW:

DAY:	TIME:
DAY:	TIME:
DAY:	TIME:

PERSONAL INFORMATION:

Age under 18	Age 18 - 25
Age 26 -35	Age 36 – 45
Age 46 – 55	Age 55 +

PRIVACY STATEMENT:

The personal information on this form is being collected for the purposes of recruiting and selecting persons wishing to volunteer with the Newmarket African Caribbean Canadian Association. Your complete application will be kept confidential and will be evaluated by a Volunteer Coordinator and two Board Members. By signing this form, I acknowledge that the information supplied is true and accurate. I understand that by submitting this application I may need to undergo training where required.

SECTOR SCREENING

I confirm that as an adult, I am willing to complete a vulnerable sector screening with the York Regional Police Department at my own expense (where applicable). Please speak to the Volunteer Coordinator for more details.

CODE OF CONDUCT AND LIABILITY WAIVER

While performing their duties, volunteers should be aware that they are representing NACCA and should conduct themselves in accordance with NACCA’s Code of Conduct Policy (volunteer handbook). If ever a safety or ‘damage to property’ incident should occur during an activity, volunteers should complete an incident report provided by NACCA.

All volunteers must complete and sign the waiver below.

I, _____ (print name) I agree to abide by NACCA’s safety policies (see volunteer handbook). I hereby release and hold harmless the Newmarket African Caribbean Canadian Association and its officers from any responsibility, cause of action, claims and/or demands for bodily or personal injuries to myself, damage to my personal property or injury/damage to property of others caused by, growing out of, or resulting from my participation in the above described volunteer activity. This document releases the Newmarket African Caribbean Canadian Association and its officers from any liability from your participation in the stated volunteer activity.

SIGNATURE (parent or guardian if under 18 years of age):

NAME (parent or guardian if under 18 years of age):

DATE: