



Bereaved Families of Ontario – York Region Volunteer Application Form

Please print clearly. The information on this application form will be kept confidential. If you have any questions about the form, please contact our office at 905-898-6265. Mail the completed form to:

Bereaved Families of Ontario – York Region
17070 Yonge Street, Suite 203,
Newmarket ON L3Y 4V8

Contact Information: please provide us with addresses and phone numbers only where it is alright to call/write you.

first name last name initial

apt./street no. and street address city postal code

(____) _____ (____) _____ (____) _____

home phone work phone fax number

(____) _____ _____

mobile phone e-mail address

Skills Information: Employment History (current and recent past)

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| | | |

(company/agency/institution) (position held) (dates)

Volunteer History (current and recent past)

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(company/agency/institution) (position held) (dates)

Education or Field of Study

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|--|--|--|
| | | |
| | | |

(school) (degree/certificate/program) (dates)

Languages you speak or write with ease: _____

Skills you would like to use as a BFO volunteer. Please check all that apply:

| | | |
|-------------------------|---------------------------------|----------------------------|
| accounting/finance | editing/proofreading | research |
| advertising/marketing | fundraising/development | special events |
| computer/MS Access | graphic design | strategic planning |
| computer/MS Publisher | library | Valid driver's license |
| computer/MS Excel | public relations/communications | website design/maintenance |
| computer/Microsoft Word | photographer/videographer | writing |
| database design | public speaking | own car/truck/van |

Other skills or resources that might benefit your work at BFO-YR: _____

Volunteer Roles that you are interested in:

| | |
|---|--|
| Advisor to support groups* | One-on-one with new clients* |
| Board and/or committee work* | Professional Advisory Committee |
| Facilitating support groups* | Public Speaking* |
| Telephone support* | Researching/creating referral resources |
| Fundraising/development assistance | Researching/writing articles |
| Library | Research/review Internet resources |
| Literature reviews –new books and resources | Special events |
| Office support e.g. newsletter mailings, typing, filing | Staff information tables at community events |
| One-time projects e.g. painting, decorating | Internet message board support* |

*** Requires completion of Facilitator Training Program and Criminal Reference Check**

Availability:

How many hours a week or month are you available to volunteer? _____

Are you available: mornings afternoons evenings weekends

Do you see yourself volunteering less than 6 months 6 months-1 year more than one year

Please tell us why you would like to volunteer for Bereaved Families of Ontario – York Region.

I give my permission for BFO-York Region to contact the following two people to do a reference check about my suitability to volunteer. Please list people other than family members; we suggest current or former co-workers/employers or volunteer supervisors.

| | | |
|------|--------------|-----------|
| Name | Relationship | Telephone |
|------|--------------|-----------|

The undersigned acknowledges and agrees that all information concerning clients and their families will be held in the strictest confidence and shared only to the degree necessary to offer the appropriate assistance.

Signature

Date

This Agency accepts the service of all volunteers with the understanding that such service is at the sole discretion of the agency. Bereaved Families respects your privacy. It adheres to all legal requirements in protecting your personal information.