



## Couchiching Jubilee House

Phone: (705) 326-4337

Fax: (705) 326-2767

Email: [jubilee.house@sympatico.ca](mailto:jubilee.house@sympatico.ca)

*Enabling vulnerable women to improve their quality of life through individualized support and transitional housing.*

### Application for Volunteer Placement

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_

Apt. # \_\_\_\_\_

(Work) \_\_\_\_\_

City/Postal Code \_\_\_\_\_

(Cell) \_\_\_\_\_

\_\_\_\_\_

DOB: \_\_\_\_\_

Email Address: (Home) \_\_\_\_\_

Email Address: (Bus.) \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Auto Insurance Company: \_\_\_\_\_

Liability Coverage: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Present Occupation: \_\_\_\_\_

- Full Time
- Part Time

How did you learn about volunteering with CJH? \_\_\_\_\_

Why do you want to volunteer with CJH? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you viewed a CJH video/DVD? \_\_\_\_\_

Previous/Current Work Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Education/Training Background: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Interests/skills/Hobbies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous/Present Volunteer Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any health restrictions?/Allergies? \_\_\_\_\_  
\_\_\_\_\_

Language spoken in addition to English: \_\_\_\_\_

Availability:

Times	Mon	Tues	Wed	Thu	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

Are there extended periods during the year when you are not available?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Areas of interest as a volunteer:

Life Skills Development

- Cooking
- Shopping
- Sewing and Crafts
- Personal Financial Management
- Organization and Time Management
- Basic Computer Skills
- Tutoring

Wraparound Facilitation

- Ongoing support, coordination of services, strength assessment and goal setting.

Short- Term Assistance

- Transportation
- Childcare

- Assist with Moving
- Apartment cleaning at change over

Jubilee House Administration

- Office Support
- Office Relief
- Board of Directors
- Program outcomes/Post evaluations
- Fundraising /Public Relations
- Birthday Cards
- Tickets
- Speaking Engagements
- Website/Computer
- Operational Guidelines/Policy Formation

Jubilee House Facilities

- Building Maintenance
- Property Repairs/Painting
- Gardening
- Assist Residents in maintaining common areas and grounds of “house”

Surveillance

- Review surveillance tapes

Reference Check

The Policy of Couchiching Jubilee House requires all volunteers to supply references. Please list below the names, full addresses and telephone numbers of three references, none of who are relatives.

Name & Relationship	Address	Telephone #

I hereby authorize Couchiching Jubilee House to contact references to aid in determining my suitability for volunteer placement at Couchiching Jubilee House. I understand that any information obtained will be considered confidential.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Form #11 – Volunteer  
 May 2004  
 Revised September 2008