



VOLUNTEER APPLICATION

Wesley Urban Ministries
52 Catharine St. North
Hamilton ON L8R 1J1
T: 905-528-5629 F: 905-528-9977
www.wesleyurbanministries.ca

Name: _____ Date _____

Address: _____ City: _____ Postal Code: _____

Languages Spoken: _____ Over 18: Yes No

Phone #: Home: _____ Work: _____ Cell: _____

May we call you at work? Yes No If yes, what time is best? _____

Email: _____

Would you like to self disclose a disability for the sole purpose of assisting Wesley to access government grants in an effort to better serve those with disabilities? Yes No

Why do you want to volunteer at Wesley Urban Ministries?

What programs or volunteer jobs interest you at Wesley Urban Ministries?

How did you learn of Wesley Urban Ministries?

Hobbies or Skills: _____

Do you have a valid G class license and access to a vehicle? Yes No

Highest level of education you completed (optional): _____

Name of School: _____

Does your school have a formalized volunteer program? Yes No

Are you studying any specialized programs? Please list:

Please list any previous volunteer experience and what type of work you did:

What is your level of computer knowledge? Basic Average Advanced

If advanced, please explain: _____

Have you ever used the services of Wesley Urban Ministries before? Yes No

If so, please provide details- when & where:

What dates and times are you available to volunteer?

Daytime

Evenings (after 6pm)

Weekends

One time or periodic

Please attach two Reference letters to this application.

Please note: without two reference letters your application cannot be processed.

I understand the need for Wesley Urban Ministries to conduct a Police check on all volunteer applicants to ensure that the clients who access our programs are protected. I agree to return the required Police Check to Wesley Urban Ministries in a timely manner.

I agree to respect the rights and confidentiality of the clients served by Wesley Urban Ministries and the volunteers and staff working with Wesley Urban Ministries. The information to which I am exposed while volunteering at Wesley Urban Ministries will not go beyond this organization.

Signed _____ Dated _____

I have reviewed this application and have seen the police check with no criminal record.

Staff Name _____

Signed _____ Dated _____

Confidential Reference



Name of Reference: _____

Telephone: _____ Date: _____

_____ has applied to be a volunteer with Wesley Urban Ministries and has given your name as a reference.

Wesley Urban Ministries is devoted to helping people in Hamilton be great. Wesley Urban Ministries has a large variety of programs serving individuals struggling with housing and homelessness, addictions, employment, low income families and their children and youth, Government Assisted Refugees, and other vulnerable people. Wesley Urban Ministries Volunteers serve in all capacities of the organization and come in contact with a variety of vulnerable and at risk individuals.

How long and in what capacity have you known the applicant? _____

Have you found the applicant to be reliable and responsible in commitment to others?

Please give an example:

How does the applicant handle stressful situations? If possible, please give an example:

Please list some of the applicant's strengths:

Have you seen areas for improvement? _____

Do you have concerns about the volunteer working with vulnerable and at risk people?

How comfortable would you be in having the applicant work with you on an important project?

Have you found the applicant to be sensitive to the feelings of others? Please give an example:

Is there any additional information which would be helpful to know in considering this volunteer for a role with Wesley Urban Ministries?



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Please Forward to: Resource Development, 52 Catharine Street North Hamilton ON L8R 1J1