



An Affiliate of the  
 CANCER SUPPORT COMMUNITY  
 So That No One Faces Cancer Alone™

## Volunteer Application Form

Please complete and return to Kimberly Penton, Volunteer Coordinator  
 Email: [kimberly.penton@gildasclubtoronto.org](mailto:kimberly.penton@gildasclubtoronto.org)

<b>First Name:</b>		<b>Last Name:</b>	
<b>Pronouns:</b> She/her   He/him			
<b>Age Category</b> (optional):    ___ 18 – 30    ___ 31-50    ___ 51-70    ___ 70+			
<b>Address:</b>		<b>City:</b>	<b>Prov:</b>
<b>Main Intersection:</b>			<b>Postal Code:</b>
<b>Home Phone:</b>		<b>Email:</b>	
<b>Cell Phone:</b>		<b>Bus. Phone:</b>	
<b>Describe your reasons for wanting to volunteer at Gilda's Club:</b>			
<b>Please describe any of your:</b>			
<b>Volunteer Experience:</b>			
<b>Education:</b>			
<b>Work Experience:</b>			
<b>Certification/Training:</b>			
<b>Skills and Interests:</b>			

**How did you hear about volunteer opportunities at Gilda's Club?**

**Have you been touched by cancer? If yes, how?**

**Please indicate (x) below the type(s) of volunteer activities you are interested in:**

**Note: Position Descriptions will be reviewed at the interview.**

Supper Club

Reception / Clerical

Clubhouse Volunteer

Outreach

March Break Camp

Group Leader / Facilitator (certification may be required)

Special Events\*

Summer Camp

New Member Tour Guide

Fundraising\*

Gardening

Noogieland Kid/Teen Activities

Social Media

Education Session Support Volunteer

\*We have a number of special events/fundraisers. Duties vary and will be discussed with you.

Event locations TBA.

\*\*Training/certification required.

\*\*Program Facilitator

Corporate Group One Day Event (contact Coordinator to discuss)

**For Reception/Clerical role list your customer service and computer skills:**

**Availability for volunteering. Please indicate (x):**  Once a week  Once a month  Special Events only

Days Available:  Mon  Tues  Wed  Thurs  Fri  Sat/Sun

I'm available:  Mornings  Afternoons  Evenings  Weekends

I am able to commit to a regular schedule:  Yes  No

Comments:

Note: opportunities vary in commitment and may be weekly/year round/one time/annual or cyclical in 10-week sessions.

**Emergency contact(s).**

Name:

Name:

Relationship:

Relationship:

Phone:

Phone:

Email:

Email:

**Additional information: Please note if you have any of the skills listed below:**

- Driver's License plus access to car
- Experience working with Children
- Smart Serve
- Food Handling Certification
- Languages (optional) note verbal and written:

**Please read carefully:**

I know of no reason in my history that would preclude my volunteering in this area and I give permission for Gilda's Club Greater Toronto to conduct a vulnerable person's police clearance check, should they deem this necessary for my role if accepted into the program.

I certify that all information given in this volunteer application for Gilda's Club Greater Toronto is true, complete and correct. I understand that any false information on this application is cause for dismissal as a volunteer for Gilda's Club Greater Toronto. I also understand that any behaviour deemed intolerable, is also cause for refusal/dismissal.

Prior to being assigned a position, volunteers are required to successfully complete an interview, references, orientation/training session, vulnerable person's police check (steps as required based on the role).

Thank you for your interest in volunteering. Applicants whose qualifications meet the program needs and skill requirements will be contacted for an interview as we may have more applicants than positions available.

**References: Please provide the names/contact information of two people you have known for at least one-year and not a family member or friend.**

Name:	Name:
Relationship:	Relationship:
Telephone:	Telephone:
Email:	Email:

**Are you volunteering to fulfil a requirement of another program? I.e. OW, JIP.**

Yes \_\_\_ No \_\_\_

**Applicant's Signature:**

**Date:**