



Elizabeth Fry Society  
of Simcoe County

## VOLUNTEER APPLICATION FORM

The Elizabeth Fry Society of Simcoe County  
102 Maple Avenue  
Barrie, ON  
L4N 1S4  
Tel: 705-725-0613 Fax: 705-725-0636

**Personal Information:** (please print clearly)

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ (Phone) Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Are there any restrictions or allergies you have that we need to be aware of? \_\_\_\_\_

Do you have access to a vehicle or public transportation? \_\_\_\_\_

Do you have a criminal record for which you have not received a pardon? (If yes, please explain)

What is your time availability? \_\_\_\_\_

How many hours can you commit to each month? \_\_\_\_\_

Languages you can speak, read and write: \_\_\_\_\_

Have you had any prior involvement with our agency? \_\_\_\_\_

### ***Volunteer Interests:***

*\*Please be aware that some of these opportunities may not apply depending on availability*

Youth Justice Committee

Restorative Justice Facilitator

Joyce Kope House

Admin./ Fundraising Committee

Board of Directors

**Skills/Interests/Hobbies:**

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**Education/Seminars/Courses:**

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**Volunteer Experience:**

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**Work Experience:**

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**References:** (please provide two professional references)

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Title: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Title: \_\_\_\_\_

**Please read and sign the following:**

*As a potential volunteer with The Elizabeth Fry Society of Simcoe County, I am aware that I need to provide an original copy of a police criminal record check and vulnerable sector screening prior to receiving training for a volunteer role. Furthermore, I certify that the statements made by me in this application are true and complete to the best of my knowledge.*

Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

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

**For Administrative Use Only**

Interviewer: \_\_\_\_\_ Interview Date: \_\_\_\_\_

Approved/Not Approved: \_\_\_\_\_ CPIC Rec'd: \_\_\_\_\_

Volunteer Position: \_\_\_\_\_ Start Date: \_\_\_\_\_

Oath of Confidentiality: \_\_\_\_\_ Non-Competition Agreement: \_\_\_\_\_