



POSITIVE HEALTH NETWORK

Hamilton • Halton • Haldimand • Norfolk • Brant

Volunteer Application

If you are interested in volunteering at **Positive Health Network**, there are a few simple steps!

- Fill out the attached application form.
- Meet for a screening interview.
- Identify a volunteer role that is right for you.

Volunteers at **Positive Health Network** are required to adhere to our staff vaccination policy and are required to provide proof of vaccination prior to volunteering at **Positive Health Network**.

The minimum age to volunteer for **Positive Health Network** is **16**

A police record check may also be requested at the discretion of **Positive Health Network**.

If you have any questions, please contact:

Dennis Boyd – *Manager, Community Engagement & Volunteer Services*
at **905-528-0854 x234** or email at mce@positivehealthnetwork.org

Please submit the completed application, references, and resume to:

Positive Health Network Attn: Dennis Boyd – *Manager, Community Engagement & Volunteer Services*
140 King Street East, Suite 101 Hamilton, ON L8N 1B2

You may fax this application to (905) 528-6311 or scan/send to mce@positivehealthnetwork.org



Volunteer Application Positive Health Network

All information in this application is kept confidential and available only to authorized personnel at **Positive Health Network**.

Date Received: _____ Received by: _____
(To be completed by staff member)

Your Contact Information:

Name: *(please print clearly)*

First

Last

Legal Name *(if different from above)*:

First

Last

Birth Date: _____ Pronouns: she/her he/him they/them other: _____
yyyy/mm/dd

Address: _____

City: _____ Province: _____

Postal Code: _____

Home/Cell Phone: _____ Work Phone: _____

Email: _____@_____

What is your preferred method of contact? _____



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Emergency Contact

As a volunteer at **Positive Health Network**, it is important that we have an emergency contact for you on file. Could you please list the person who we would contact in case of an emergency.

Name: _____ Phone: _____

Relationship: _____
(e.g.: parent, partner, friend)

Personal Information

Please tell us a bit about the following:

Current or previous work and/or volunteer experience (please attach a resume if you have one)

What Languages do you communicate in?

| | | | | |
|-------|-------------------------------------|-------------------------------|--------------------------------|--------------------------------|
| _____ | Understand <input type="checkbox"/> | Read <input type="checkbox"/> | Speak <input type="checkbox"/> | Write <input type="checkbox"/> |
| _____ | Understand <input type="checkbox"/> | Read <input type="checkbox"/> | Speak <input type="checkbox"/> | Write <input type="checkbox"/> |
| _____ | Understand <input type="checkbox"/> | Read <input type="checkbox"/> | Speak <input type="checkbox"/> | Write <input type="checkbox"/> |

American Sign Language? Yes No



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Volunteer Interest

Please indicate areas of interest by placing a check next to each volunteer role at **Positive Health Network** which appeal to you.

- Reception/Harm Reduction Distribution (First Contact) VAN (Passenger Only) Kit Making
- Speaker's Bureau Workshops Fundraising Day of Events Board Committee Member
- Food Programs Cooking African-Caribbean MSM (men who have sex with men)
- Community Engagement Festival/Event Info Booths

Availability and Commitment for all your Interest Areas

Various programs require different time commitments. Some of our programs rely heavily on volunteers. As a result in some programs, we ask that you seriously consider **4 hours** a week. Van shifts run from 6pm to 11pm – 7 days a week and must be available for **(2) shifts** per month. All in office shifts run from 10am to 1pm or 1pm to 4pm Monday to Fridays only.

| Please indicate your availability by placing a check under all days and times during which you could volunteer. | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Morning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Afternoon | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Evening | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

By signing below, you agree to commit a minimum of **(6)** months volunteer service for **Positive Health Network** and that the information you have provided in this volunteer application is all true and accurate.

Positive Health Network reserves the right to refuse you a volunteer opportunity and/or terminate your volunteer service with reasonable cause.

Your Signature

Date



CONFIDENTIAL VOLUNTEER REFERENCE #1 FORM

You have been asked to be a reference for _____.

Please complete all areas of this reference form. All information will be kept confidential and available to only authorized personnel of **Positive Health Network**. Thank you very much for completing this form. We may also contact you by phone or email if required.

Name of Reference: _____

Address:

Phone: _____ email: _____@_____

1. How long have you known the applicant and in what capacity?
2. How would you describe the applicant?
3. What strengths do you believe the applicant will bring to this position as a volunteer?
4. Can you share any feedback on your knowledge of the applicant's previous volunteer or work experiences?
5. In general, how does the applicant get along with people?
6. We have strict policies on confidentiality for our volunteers, do you think the applicant will be able to understand and follow these policies?
7. Would you have this applicant volunteer with your organization or business? **Y N**
8. Any other comments?

Signature of Reference

Date



CONFIDENTIAL VOLUNTEER REFERENCE #2 FORM

You have been asked to be a reference for _____.

Please complete all areas of this reference form. All information will be kept confidential and available to only authorized personnel of **Positive Health Network**. Thank you very much for completing this form. We may also contact you by phone or email if required.

Name of Reference: _____

Address:

Phone: _____ email: _____@_____

1. How long have you known the applicant and in what capacity?
2. How would you describe the applicant?
3. What strengths do you believe the applicant will bring to this position as a volunteer?
4. Can you share any feedback on your knowledge of the applicant's previous volunteer or work experiences?
5. In general, how does the applicant get along with people?
6. We have strict policies on confidentiality for our volunteers, do you think the applicant will be able to understand and follow these policies?
7. Would you have this applicant volunteer with your organization or business? **Y N**
8. Any other comments?

Signature of Reference

Date