

# LAMP Community Health Centre Volunteer Application

LAMP Volunteer Services: 416-252-9701 ext 234

All information is confidential

Please Print Clearly – Thank You!

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year

### ADMIN USE ONLY:

Database Id: \_\_\_\_\_  
Entered: \_\_\_\_/\_\_\_\_/\_\_\_\_ Initials: \_\_\_\_  
Username: \_\_\_\_\_  
Password: \_\_\_\_\_  
Received: \_\_\_\_\_

How did you hear about LAMP C.H.C.?

Friends  Internet  Newspaper

LAMP Staff  Other Community Agency

Other \_\_\_\_\_

Have you ever used LAMP services? Yes No

### Contact Information

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

Address: \_\_\_\_\_ Apt./Unit: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Can we leave a message on this phone? Yes No

E-mail: \_\_\_\_\_

### Demographic Information (Optional) Prefer not to answer

Year of Birth: \_\_\_\_\_ Sex:  Male  Female  Trans : \_\_\_\_\_

If you are a student, name of School: \_\_\_\_\_

Ethnicity (may check more than one)  African  Asian  Caribbean  European

Latin American  Middle Eastern  North American  South Asian

Other (please specify) \_\_\_\_\_

Accommodation Required? :  No  Yes – please specify: \_\_\_\_\_

### Skills and Experience Please include any volunteer experience or community involvement.

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Languages Spoken (other than English) \_\_\_\_\_

Education: \_\_\_\_\_

**Availability**

What days would you like to volunteer?    Mon    Tues    Wed    Thur    Fri    Sat

What time of day?    Mornings    Afternoons    Evenings    #Hours per week/month \_\_\_\_\_

**Goals** What would you like to get out of volunteering at LAMP? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Interests    Please note what your personal interests are:

<input type="checkbox"/> Advocacy Work	<input type="checkbox"/> Board of Directors	<input type="checkbox"/> Committee Work
<input type="checkbox"/> Environment Work	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Mental Health
<input type="checkbox"/> Office Work	<input type="checkbox"/> Publicity	<input type="checkbox"/> Public Speaking
<input type="checkbox"/> Special Events	<input type="checkbox"/> Tutoring Adults	<input type="checkbox"/> Urban Planning
<input type="checkbox"/> Working with Adults/Seniors	<input type="checkbox"/> Working with Children	<input type="checkbox"/> Working with Youth
<input type="checkbox"/> Writing/Editing	<input type="checkbox"/> Other _____	

**Program Interest**    Is there a particular program/area you would like to volunteer for?

<input type="checkbox"/> Administration	<input type="checkbox"/> Adult Learning	<input type="checkbox"/> Adult Drop Ins
<input type="checkbox"/> Among Friends	<input type="checkbox"/> ASK Information	<input type="checkbox"/> Board/Committee Work
<input type="checkbox"/> Chiropody	<input type="checkbox"/> Diabetes Education	<input type="checkbox"/> Early Years Centre
<input type="checkbox"/> East Mississauga	<input type="checkbox"/> Health Promotion	<input type="checkbox"/> Income Tax Clinic
<input type="checkbox"/> Medical Services	<input type="checkbox"/> Nutritional Services	<input type="checkbox"/> Occupational Health
<input type="checkbox"/> Rathburn Area Youth	<input type="checkbox"/> South Etobicoke Youth Assembly	<input type="checkbox"/> Street Level Youth Centre
<input type="checkbox"/> Other: _____		

**Confidentiality:** All written documents are stored and maintained securely on site. Demographic information stored on the computer is accessed only by authorized staff at LAMP. Non identifying information may be shared with our Board of Directors and funders. This form is collected for the purpose of screening and contacting potential volunteers.

The LAMP Volunteer Services Administrator will contact you if there is a need for volunteers in the area(s) you checked. Your application is kept on file for six months in our effort to match your application with a volunteer role at LAMP. Applications are destroyed after 6 months if a placement has not occurred.