

## Volunteer Application Form

Last Name:	First Name:
Street Address:	
Town:	
Postal Code:	
Home Phone: Work Phone:	Cell:
Please use my homeworkor cell to contact me.	
Please contact me in daytimeeveningor weekends	
Email:	
Name of Employer or School:	
Education or Training:	
Do you have access to a vehicle?	
Valid Ontario Driver's License?	
I wish to become a WrapAround Facilitator because:	
Skills that I possess that would be helpful to me as a WrapAround Facilitator:	

Past employer/volunteer work that will assist me in my work as a volunteer WrapAround Facilitator:	
I have completed the four-day WrapAround Facilitator training:	
Yes. If yes, date of completion	
No, but I understand that I must complete mandatory WrapAround Facilitator training before being placed with family.	
I understand that I must submit a current Police check in order to volunteer with WrapAround Northumberland.	
I have a current police check available and will copy. I will obtain a police check once my volunteer application is accepted.	
Area(s) of Northumberland that I would be willing to volunteer: (check all that apply)	
Cobourg       Alnwick/Haldimand         Port Hope       Hamilton Township         Brighton       Cramahe Township         Trent Hills       Trent Hills	
<b>References</b> : Please list three people that could provide a reference for you. By signing this application, you agree to a representative from WrapAround Northumberland contacting these individuals.	
1. Name: Phone Number: Relationship to applicant:	
2. Name: Phone Number: Relationship to applicant:	
3. Name: Phone Number: Relationship to applicant:	
<b><u>Confidentiality</u></b> I agree to hold confidential any personal information or records that I may obtain about any person involved with the WrapAround process. I will not disclose or release any personal information that is obtained by me through my involvement with WrapAround Northumberland.	
Signature of Volunteer: Date: Date:	

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