



# VOLUNTEER APPLICATION FORM

(Information received is strictly confidential)

## PERSONAL INFORMATION

Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Address: \_\_\_\_\_

City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Gender Identity: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Occupation/and or Employer: \_\_\_\_\_

Education (include any in progress): \_\_\_\_\_

\_\_\_\_\_

Relevant volunteer or work experience: \_\_\_\_\_

\_\_\_\_\_

Formal Skills/Certifications: \_\_\_\_\_

Languages Spoken: English: \_\_\_\_\_ French: \_\_\_\_\_ Other: \_\_\_\_\_

Hobbies/Interests: \_\_\_\_\_

\_\_\_\_\_

**LET'S GET TO KNOW YOU!** *(use extra paper if necessary)*

**Which volunteer opportunities interest you?**

- |   |   |
|---|---|
| <input type="checkbox"/> Board of Directors                           | <input type="checkbox"/> Indigenous Awareness   |
| <input type="checkbox"/> Circles of Support and Accountability (CoSA) | <input type="checkbox"/> Person to Person (P2P) |
| <input type="checkbox"/> Forward Step                                 |   |

**How did you hear about the Micah Mission (Micah)?**

**Why do you want to volunteer for Micah? What do you hope to gain personally and/or professionally?**

**Do you have any knowledge or experience with the correctional system? Please Elaborate.**

**Drawing on your volunteer/work experience, what particular skills do you feel you can contribute to Micah?**

**What aspects of your work or volunteering have others given you positive feedback about?**

**What aspects of working or volunteering do you find most stressful or difficult?**

**What strategies do you use for self-care and stress management?**

**We ask for a one-year commitment from the time of placement. How would volunteering for Micah fit into your schedule?**

**Do you plan extended time away in the coming year?**

**What are your long-term plans (the next 1-2 years)?**

**Is there any additional information that you feel we should know about you?**

**Micah is committed to the safety and success of our volunteers. Please inform us of any allergies or serious medical conditions of which we should be aware, and/or accommodation needs due to disability or medical conditions, if any.**

## **REFERENCES**

Please provide the names and contact information of two individuals, excluding family members, who can speak to your potential suitability/involvement at Micah. Please include at least one professional reference.

Name: \_\_\_\_\_ Position/Relationship: \_\_\_\_\_

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

Name: \_\_\_\_\_ Position/Relationship: \_\_\_\_\_

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

## **ACKNOWLEDGEMENTS**

I acknowledge that the information provided in this application form is correct to the best of my knowledge. I authorize any references listed in this form to provide to Micah staff any information they may have regarding my character. I also agree that if I am selected to be a Micah volunteer, I will obtain a Criminal Record Check (for the purpose of protection against any false allegations and for the protection of those I support). I understand that the results will be kept in strict confidence.

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

*Please submit your completed application via email to: [info@themicahmission.org](mailto:info@themicahmission.org).*