



Volunteer Application

Thank you for your interest in volunteering with the Haliburton Highlands Outdoors Association (H.H.O.A). Volunteers play a vital role in the delivery of our programs and our continuing success. Information collected on this form is kept confidential and used for placement purposes only. All volunteer applications are reviewed with consideration of current volunteer opportunities and future needs. Applications are kept on file for six months.

Please Note: All volunteers include both a member, friend and non-member volunteering at any function, maintenance and/or day to day operations on or off site.

Contact Information

Name	
Mailing Address	
City/Province/Postal Code	
Home Phone	
Work Phone	
E-Mail Address	
Birthdate	

Availability

How often would you be available for volunteering?	
<input type="checkbox"/> Daily/Weekly	<input type="checkbox"/> A few times per month/year
During which hours are you available for volunteering?	
<input type="checkbox"/> Weekday mornings	<input type="checkbox"/> Weekend mornings
<input type="checkbox"/> Weekday afternoons	<input type="checkbox"/> Weekend afternoons
<input type="checkbox"/> Weekday evenings	<input type="checkbox"/> Weekend evenings
Approximately, how many hours are you available for volunteering?	
___ hrs a week	or ___ hrs a month

Interests

Tell us in which areas you are interested in volunteering (Check all that apply)		
<input type="checkbox"/> Administration	<input type="checkbox"/> Feeding/Cleaning	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Events	<input type="checkbox"/> Egg Collection	<input type="checkbox"/> Legal
<input type="checkbox"/> Fish Stocking	<input type="checkbox"/> Lake Access Clean up & Shoal Restoration	<input type="checkbox"/> Cleaning
<input type="checkbox"/> Financial	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Membership
<input type="checkbox"/> Newsletter	<input type="checkbox"/> Research	<input type="checkbox"/> Website
<input type="checkbox"/> Public Tours	<input type="checkbox"/> Volunteer coordination	<input type="checkbox"/> Education

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or interests. Please note any certifications, relevant courses or workshops that you have taken.

Do you have access to your own transportation?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, would you be willing to offer a ride to other volunteers?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you do not have your own transportation, would you be willing to carpool with another volunteer?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Person to Notify in Case of Emergency

Name	
Relationship	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

All volunteers must agree to:

- be bound by the policies and procedures of the HHOA, and;
- complete a volunteer waiver/agreement prior to starting

Name (printed)	
Signature	
Date	

Our Policy

The information on this application is collected to determine eligibility for Haliburton Highlands Outdoors Association volunteer opportunities and to safely, effectively, and responsibly implement our volunteer program in accordance with the Freedom of Information and Protection of Privacy legislation

**Thank you for completing this application form
and for your interest in volunteering with us.**

