# 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.

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

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| --- |
| Availability |
| How often would you be available for volunteering? |
| * Daily/Weekly
 | * A few times per month/year
 |

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| During which hours are you available for volunteering? |
|  |
| * Weekday mornings
 | * Weekend mornings
 |
| * Weekday afternoons
 | * Weekend afternoons
 |
| * Weekday evenings
 | * Weekend evenings
 |

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| 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) |
|  |  |  |
| * Administration
 | * Feeding/Cleaning
 | * Fundraising
 |
| * Events
 | * Egg Collection
 | * Legal
 |
| * Fish Stocking
 | * Lake Access Clean up & Shoal Restoration
 | * Cleaning
 |
| * Financial
 | * Maintenance
 | * Membership
 |
| * Newsletter
 | * Research
 | * Website
 |
| * Public Tours
 | * Volunteer coordination
 | * Education
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| 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.  |
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| Do you have access to your own transportation?  |
| * Yes
 | * No
 |
| If yes, would you be willing to offer a ride to other volunteers?  |
| * Yes
 | * No
 |
| If you do not have your own transportation, would you be willing to carpool with another volunteer?  |
| * Yes
 | * No
 |

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| Person to Notify in Case of Emergency |
|  |
| Name |  |
| Relationship |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |

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| 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
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|  |
| Name (printed) |  |
| Signature |  |
| Date |  |

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| 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.** |
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