

Volunteer Application Form

The Community Foundation for Kingston & Area is committed to protecting the privacy of personal information in our possession or under our control in accordance with the Personal Information Protection Act (PIPA). PIPA regulates the way we collect, use, keep, secure and disclose personal information. The personal information collected on this form will be used to identify an appropriate volunteer placement.

Contact Information

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ Province / Territory: _____ Postal Code: _____

Telephone: Home: _____ Cell: _____ Work: _____

Email: _____

Preferred method of contact: _____

Emergency Contact:

First Name: _____ Last Name: _____ Relationship _____

Telephone: _____ Cell: _____

Interests & Availability

What are your interests in volunteering with the Community Foundation for Kingston & Area?

Which area or areas would you like to volunteer in?

- | | | |
|---|---|---|
| <input type="checkbox"/> Finance | <input type="checkbox"/> Investments | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Office (filing, inputting, etc.) | <input type="checkbox"/> Strategic Planning |
| <input type="checkbox"/> Governance | <input type="checkbox"/> Photography | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Research | <input type="checkbox"/> Other |

Which committee(s) interest(s) you?

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Board | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Marketing & Communications |
| <input type="checkbox"/> Community Engagement | <input type="checkbox"/> Governance | <input type="checkbox"/> Personnel |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Grants | <input type="checkbox"/> Ripples |
| <input type="checkbox"/> First Capital Challenge | <input type="checkbox"/> Investments | <input type="checkbox"/> RR Food First Fund |
| <input type="checkbox"/> Vital Signs Working Group | | |

When are you available to volunteer?

- Mondays Tuesdays Wednesdays Thursdays Fridays
 Mornings Afternoons Evenings

How long are you available to volunteer?

- Ad Hoc One year Foreseeable future

Experience & Skills

Do you have any past volunteer experience? If yes, please briefly explain.

What was your role?

Please identify key skills that you have: for example, organized, attention to detail, creative, likes to file, computer skills, likes people.

What are you hoping to gain from your volunteer experience and how can we help you?

Where did you hear about the Community Foundation for Kingston & Area?

Please attach your résumé or short bio to this form.

All work created by a volunteer for the Community Foundation for Kingston & Area becomes and remains the property of the Community Foundation for Kingston & Area to be used freely by the Community Foundation for Kingston & Area.

Signature of Applicant

Date