



**House of Lazarus  
Community Outreach Mission  
Volunteer Application Form**

House of Lazarus  
Building Community...Sharing Hope

On behalf of House of Lazarus, we would like to thank you for your interest in volunteering your skills and time in support of our programs. The information on this form will remain strictly confidential and will be used only to assist us in placing you in a volunteer position that is both suitable and rewarding.

In order for us to best match your skills and interests with the available volunteer opportunities you will be required to:

- **Complete and return this form**
- **Submit 2 personal references**
- **Attend a personal interview**
- **Participate in an informal orientation**

Please submit your application by email to [vcane@houseoflazarus.com](mailto:vcane@houseoflazarus.com) or in person to 2245 Simms Street, Mountain, ON K0E1S0. We welcome your questions and if you would like more information you can contact us at this same email address or by phone at (613) 989-3830.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Application Submission Date (mm/dd/yyyy) \_\_\_\_\_

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

City/town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Birth Date(mm/dd/yyyy) \_\_\_\_\_

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

- Yes! Please add me to the mailing list so that I can receive newsletters and volunteer opportunities.

In case of emergency we should contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

**Is This a Required Volunteer Placement?**

I am applying for volunteer work at House of Lazarus to:

- Complete my OSSD requirement of 40 hours community service
- Complete a particular course requirement (please provide details bellow)
- Other (please provide details bellow)

\_\_\_\_\_

I require the following from the House of Lazarus to verify that I have successfully completed my volunteer placement:

\_\_\_\_\_

Please attach a blank copy of the form to this application

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When are you available to volunteer: Please check the day(s) you are available:

- Monday 9:00 - 12:00
- Tuesday 9:00 - 12:00       12:00-3:00       5:00-8:00
- Wednesday 9:00 - 12:00
- Thursday 9:00 - 12:00       12:00-3:00       5:00-8:00
- Friday 9:00 - 12:00
- Saturday 9:00 - 3:00

Special events       Emergencies       Seasonal       On-Call Basis

Additional Comments Regarding Schedule:

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How would you like to help? (Please check 1 or more)

- Store/Cash/Upkeep       Dinner on the House       Special Events
- Warehouse Sorting       Lunch and Learn       Special Sales
- Clothing Sorting       Green Food Bag
- Garden       Handyman Heroes
- Other (Please Specify)

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Comments \_\_\_\_\_

Why do you want to become a volunteer at the House of Lazarus?

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Education/Experience

Education/Professional Training:

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Volunteer Work:

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Employment:

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Interests and Hobbies

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Some volunteer positions may require sitting, walking, lifting etc. for extended periods of time. Please let us know if you have any physical limitations we may need to consider with respect to your desired volunteer position so that we may offer accommodations.

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References: Please indicate two people other than family members we can contact as references.

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Relationship \_\_\_\_\_

Is there any other information about yourself that you would like to include that would be beneficial to your work with us?

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**Volunteer Confidentiality Agreement**

Please read carefully.

I understand and agree that in the performance of my duties as a volunteer of the House of Lazarus, I must hold all information regarding the clients and participants in strictest confidence.

I understand and agree that intentional or voluntary violation of confidentiality may result in disciplinary action, including possible suspension from duties.

I understand that my references will be checked.

Signature: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

Witness: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

**Photography/Video Consent**

Visibility is important in a community outreach so that the community can be made aware of the success of the programs we offer. For this reason, we often take photos and video to highlight the work we are involved in. We use these images in house, on our various social media platforms, in the newspaper, and on marketing material.

I give my permission for House of Lazarus Community Outreach Mission to use my image/photographs and video of me for the purpose of marketing.

Please circle one **YES/NO**

Signature: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_  
(for minor)