



## House of Lazarus Community Outreach Mission Volunteer Application Form

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**
- **Submit a Vulnerable Sector Check**
- **Complete the AODA Training**
- **Participate in an informal orientation**

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

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

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

Address: \_\_\_\_\_ Apt. \_\_\_\_\_

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

Phone number: \_\_\_\_\_ Alternative Phone Number: \_\_\_\_\_

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

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

**In case of an 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)
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\*Please let us know if there is required paperwork for House of Lazarus to complete for your placement, along with a blank copy of the form with this application.

**Please check the day(s) and add the time(s) you are available to volunteer:**

- Mondays \_\_\_\_\_
- Tuesdays \_\_\_\_\_
- Wednesdays \_\_\_\_\_
- Thursdays \_\_\_\_\_
- Fridays \_\_\_\_\_
- Saturdays \_\_\_\_\_
  
- Special events
- Emergencies
- Seasonal
- On-Call Basis

Additional comments regarding scheduling:

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**How would you like to help?**

- Store/cash/upkeep
- Warehouse sorting
- Clothing sorting
- Food Bank
- Dinner on the House
- Lunch & Learn
- Green Food Bag
- Other (please specify)

Comments:

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**Why would you like to volunteer at House of Lazarus?**

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**Education/Experience:**

Education/Professional Training:

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Volunteer Experience:

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Employment:

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Interests/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.

1. Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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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***Thank you for filling out the volunteer application! We will contact you once we have reviewed it.***

## Volunteer Confidentiality Agreement

Please read carefully.

I understand and agree that in the performance of my duties as a volunteer of 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 videos 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 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 (for minor): \_\_\_\_\_ Date(mm/dd/yyyy): \_\_\_\_\_