

# Flowercart Volunteer Application Form

## Our Mission

Flowercart promotes community participation by adults considered to have an intellectual disability through supported training and employment.

*Thank you for completing this form. Please print clearly.  
All information gathered will be kept confidential and will be used only by Flowercart.*

## GENERAL INFORMATION

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

Address: \_\_\_\_\_ Apt/Unit #: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

May we call you at work?  Yes  No

Fax Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Other: \_\_\_\_\_ Email Address: \_\_\_\_\_

Preferred contact method: \_\_\_\_\_

Valid Drivers License:  Yes  No If Yes, Class: \_\_\_\_\_

## APPLICANT PROFILE QUESTIONS

Have you ever been employed by, or volunteered with, Flowercart?  Yes  No

If yes, please specify where, when, and your position or role.

List any previous and/or current volunteer activities outside Flowercart:

How did you hear about the volunteer needs of Flowercart? (Check all that apply)

- Called/Dropped in    Flowercart Newsletter    School    Television    Internet  
 Friend/Relative    Another Volunteer    Radio    Other (please specify):

Describe your main reasons for wanting to volunteer. (Check all that apply)

- Desire to help others    Interest in community involvement  
 Gain experience & develop skills    Establish work record & build resume  
 Meet people and network    Other (please specify):

Indicate the type of volunteer work that interests you. (Check all that apply)

- Direct Service to Clients    Clerical/Office/Administration    Training/ Facilitation  
 Fundraising    Projects/Research    Special Events  
 Computer Work    Committee Work    Presentations/Public Speaking  
 Other (please specify):

What is your availability? (Check all that apply)

- Regularly –during the week    Occasionally, as needed    Once a month  
 Projects – one to three months    Special Events    Other (please specify):

Check all the times that you are available:

|            | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|------------|--------|---------|-----------|----------|--------|----------|--------|
| Morning    |        |         |           |          |        |          |        |
| Afternoon  |        |         |           |          |        |          |        |
| After 5 PM |        |         |           |          |        |          |        |

Are you currently employed?    Yes    No

Position/Title:

Employer:

Employer Address:

Can you provide a resume?    Yes    Attached    No

If not, please provide a list of your work experience:

What special skills, training or qualifications do you have that you would like to use in your volunteer role? (e.g., accounting, public speaking, teaching, organizing, computer hardware)

Which computer software programs do you have experience with? (e.g., Microsoft Word)

Languages:

|       |                          |       |                          |      |                          |       |
|-------|--------------------------|-------|--------------------------|------|--------------------------|-------|
| _____ | <input type="checkbox"/> | Speak | <input type="checkbox"/> | Read | <input type="checkbox"/> | Write |
| _____ | <input type="checkbox"/> | Speak | <input type="checkbox"/> | Read | <input type="checkbox"/> | Write |
| _____ | <input type="checkbox"/> | Speak | <input type="checkbox"/> | Read | <input type="checkbox"/> | Write |

## REFERENCES

**1. Present or former employer/volunteer agency; 2. Educational institution; 3. Acquaintance belonging to a recognized profession who has known you for at least 2 years such as your doctor, lawyer (to be used if #1 and #2 are not an option)**

Name:  
Address:  
Telephone Number:  
Relationship to Applicant:

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Name:  
Address:  
Telephone Number:  
Relationship to Applicant:

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Name:  
Address:  
Telephone Number:  
Relationship to Applicant:

*I certify that the information in this application is correct and complete. I give my permission to Flowercart to contact the above references. I understand that I will be advised in advance if a criminal record check and/or a driver's abstract is required. I understand that if I am below the age of majority I must have my parent/guardian sign and provide their contact information.*

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

*I am aware and support \_\_\_\_\_'s decision to volunteer with Flowercart.*

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of parent/guardian of applicant below  
19 yrs. of age

\_\_\_\_\_  
Date

### FOR OFFICE USE ONLY

Interviewed by: \_\_\_\_\_ Interview Date: \_\_\_\_\_

- Application in Supervisory File: copy to Executive Director
- Resume in Supervisory File: copy to Executive Director
- Volunteer Applicant Interview completed, filed with Executive Director
- Volunteer Applicant Reference Check #1 completed, filed with Executive Director
- Volunteer Applicant Reference Check #2 completed, filed with Executive Director
- If applicable, Criminal Record Check obtained: filed with Executive Director
- If applicable, Driver's Abstract obtained: filed with Executive Director
- Signed declarations in Supervisory File: copy to Executive Director

Accepted:       Yes       No      If not, why?

Placement: \_\_\_\_\_

Supervisor: \_\_\_\_\_

- Position Description shared and in Supervisory File: copy to Executive Director

Date available to begin: \_\_\_\_\_

Start date: \_\_\_\_\_

Date of resignation: \_\_\_\_\_

General Observations/Comments/Notes: