



Volunteer Application Form

At Lanark County Interval House we believe that every woman and child should live with dignity and be free from threatening situations. To accomplish our goals of protecting these women and children, we rely heavily on the help of our volunteers. We greatly appreciate your willingness to volunteer for LCIH and will strive to provide you with a rewarding experience and offer education, training, and resources deemed necessary.

To volunteer with Lanark County Interval House, please submit your application form including two references and a signed oath of confidentiality by email or mail to the address below. LCIH will interview you at your convenience and provide you with a criminal reference check form. Please submit your application to:

volunteer@lcih.com

Volunteer Coordinator
Lanark County Interval House
PO Box 107
Carleton Place, Ontario
K2C 3P3

Please be advised: If you have been involved in an abusive relationship LCIH recommends that volunteers should free from this type of relationship for at least two years and receive counselling prior to volunteering at LCIH.

LCIH does not guarantee volunteer positions to all applicants.

Contact Information

Name: _____ Date: _____

Phone: _____ Alternate Phone: _____

Email: _____ Preferred Contact Method: _____

Mailing Address: _____

Emergency Contact Name: _____ Phone: _____

I am interested in receiving email newsletters regarding volunteer opportunities with LCIH

I give LCIH permission to use my name and photograph on social media and printed publications

Office Use Only Database: _____ Criminal Record Check: _____ References Contacted: _____ Orientation Completed: _____

Added to Job-specific contact list(s): _____ Interview: _____ Start Date: _____ Program(s): _____

Questions

Please indicate your age range: 16-20 21-35 36-55 over 55 – Birthdate _____

*Note that if you are under the age of 18, Lanark County Interval House requires a parental or legal guardian signature.

Please indicate any medical or health concerns we should be aware of that may affect your ability to perform volunteer tasks including challenges in accessibility, mental health, physical health, allergies, etc.

Please indicate any relevant training, skills, or interests: _____

Do you have a valid driver's license? Yes No

What language(s) do you speak/ write? _____

Why do you want to volunteer for Lanark County Interval House? _____

Volunteer Preferences

Please indicate where you are interested in volunteering: (check as many as apply)

The Good as New Store

Front Desk Sorting/Organizing Donations Other (Cleaning/Picking up Donations/Maintenance etc.)

Please Specify: _____

In the Shelter

Shift Support Children's Program Grocery Shopping Housekeeping Gardening Driving *
(Always needed)

Planning and Administration

Board of Directors Committee Work (Fundraising/Public Education/Event Planning Committees)

Administrative Support PR/Marketing Website or Graphic Design

Special Projects (Mail Outs/Stuffing Envelopes/Thank You Notes)

Occasional (On-Call)

Driving Events (Day Help) Picking Up or Delivering Donations

Moving Clients into New Residence Head Lice Team Room Makeover between Clients

Donation Room Organization Specialized Expertise (Yoga/Baking/ Art/ Hair Styling/Massage)

Please specify: _____

Availability

Please, circle the days and times you are available to volunteer.

Mon	Tues	Wed	Thurs	Fri	Sat	Sun
AM	AM	AM	AM	AM	AM	AM
PM	PM	PM	PM	PM	PM	PM

For how long can you commit to a volunteer position? _____

References

REFERENCE 1

Name: _____ Agency/Company: _____

Phone Number: _____ Email: _____

Relationship to You: _____

REFERENCE 2

Name: _____ Agency/Company: _____

Phone Number: _____ Email: _____

Relationship to You: _____

By signing and submitting this Volunteer Application, I acknowledge this information is true and accurate.

I authorize Lanark County Interval House to obtain references from the individuals listed above.

I understand that any misrepresentations will be grounds for dismissal as a volunteer.

Signature: _____ Date: _____

Parent Signature: _____ Date: _____

(If under 18)

Thank you for taking the time to fill out this volunteer application. If you have any questions, comments, or concerns please contact our Volunteer Coordinator at (613) 257-3469 ext. 64, or email volunteer@lcih.com.