



NOVA VITA
Help • Hope • Heal

Volunteer Application

Please use ink and print clearly. Thank you.

Name: _____

Address: _____ Apt _____

City: _____ Postal Code: _____

Home phone number: _____ Cell number: _____

Email address: _____

Emergency contact: _____ Relationship: _____

Phone number: _____

Please note the following Nova Vita Policy: Former Nova Vita clients who wish to become a Nova Vita volunteer cannot have received services from Nova Vita for 24 consecutive months at the time of application.

Are you a former client of Nova Vita (from any of our programs including Shelter, Community Counselling and children's programs)?

Please check one: No or Yes

If yes, please give the approximate date of your last contact with Nova Vita.

1. How did you learn about volunteering at Nova Vita?

- Media Special events Friend
 Website BRAVA website Current Nova Vita volunteer
 Other: _____

2. What is your reason for wanting to volunteer?

- | | | |
|---|---|--|
| <input type="checkbox"/> Spare time | <input type="checkbox"/> Explore career opportunities | <input type="checkbox"/> Personal satisfaction |
| <input type="checkbox"/> Work related | <input type="checkbox"/> Develop skills | <input type="checkbox"/> Desire to help others |
| <input type="checkbox"/> School requirement | <input type="checkbox"/> Community involvement | <input type="checkbox"/> Other _____ |

3. Why have you chosen to volunteer at Nova Vita?

4. Please tell us about the skills you could bring to Nova Vita (for example: computer or organizational skills, child care provider, office work, fund raising, events organization, crafts, good listener, baking, cooking, etc.):

5. Please list any other organizations/groups for which you have volunteered during the past five years:

6. Are you currently employed? (optional) Yes No Student

If employed – Employer: _____

Primary duties: _____

7. Languages spoken or written fluently other than English: _____

8. Areas of volunteer interest (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Child care | <input type="checkbox"/> Special skill/craft or art activities |
| <input type="checkbox"/> Administration/clerical | <input type="checkbox"/> Special events/fundraising |
| <input type="checkbox"/> Donation sorting | <input type="checkbox"/> Board of Directors/Committees |
| <input type="checkbox"/> Clothing Store Volunteer (retail) | <input type="checkbox"/> Not sure, wherever I'm needed |
| <input type="checkbox"/> Shelter assistant | |

Other – please specify _____

9. When are you available to volunteer?

- Daytime Monday Tuesday Wednesday Thursday Friday
- Evenings (after 6:00pm) Monday Tuesday Wednesday Thursday Friday
- Weekends Yes No

Personal References

(Excluding relatives or Nova Vita staff)

1. Name: _____ Phone: _____

Address: _____

Email: _____

2. Name: _____ Phone: _____

Address: _____

Email: _____

Please be aware that not all who would like to be a volunteer at Nova Vita Domestic Violence Prevention Services are accepted. Due to the size of our staff and some program and space limitations, we can only accommodate a limited number of volunteers.

If for any reason we cannot accommodate you, we will be happy to give you the names of other organizations, within the community, who are able to accept a larger number of volunteers.

Signature: _____ Date: _____

*Please return the completed application form to:
Nova Vita Domestic Violence Prevention Services
Attention: Virginia Stewart, Coordinator of Volunteer Services
59 North Park St. Brantford, ON N3R 4J8
Email: vstewart@novavita.org*