



NOVA VITA
Help • Hope • Heal

Volunteer Application

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: Volunteer applicants must be separated from Nova Vita services for more than 2 years in order to be considered for our volunteer program.

Have you accessed any of Nova Vita's programs or services within the past 2 years?

Please check one: No Yes

If yes, please let us know when you last accessed our services: _____

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

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Media | <input type="checkbox"/> Special events | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Website | <input type="checkbox"/> BRAVA website | <input type="checkbox"/> Current Nova Vita volunteer |
| <input type="checkbox"/> Other: _____ | | |

2. Why do you want to become a 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"/> Help Others |
| <input type="checkbox"/> School | <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

Current 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"/> Life Skills |
| <input type="checkbox"/> Administration/Clerical | <input type="checkbox"/> Special Events/Fundraising |
| <input type="checkbox"/> Donation Sorting & Organizing | <input type="checkbox"/> Board of Directors/Committees |
| <input type="checkbox"/> Retail Boutique Store Volunteer | <input type="checkbox"/> Shelter Support |
| <input type="checkbox"/> Not sure, wherever I'm needed most | |
| <input type="checkbox"/> 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

Excludes relatives or Nova Vita staff

1. Name: _____ Phone: _____

Address: _____

Email: _____

2. Name: _____ Phone: _____

Address: _____

Email: _____

Please be aware that we hire volunteers based upon fluctuating program and service requirements and therefore are unable to accept all who apply to volunteer at Nova Vita Domestic Violence Prevention Services.

Nova Vita is an equal opportunity organization and strives to be reflective and inclusive of the communities we serve. We encourage individuals who identify as Indigenous, racialized, immigrant, LGBTQI+, or disAbled to join our team. We appreciate your interest in this volunteer opportunity.

Signature: _____

Date: _____

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