



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: _____

COVID-19 Vaccination Policy:

All prospective volunteers must be fully vaccinated against COVID-19 prior to the start of their first scheduled shift, or must commit to being fully vaccinated as soon as can be arranged.

Please indicate one:

I am fully vaccinated* (defined as having received the second dose at least 14 days ago)

I have received my first dose, my second dose is booked for _____

I have a medical exemption

I am not vaccinated

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?

Media

Special Events

Friend

Website

BRAVA website

Current Nova Vita Volunteer

Other: _____

2. Why do you want to become a volunteer?

Spare Time

Explore Career Opportunities

Personal Satisfaction

Work Related

Develop Skills

Help Others

School

Community Involvement

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):

Child Care

Life Skills

Administration/Clerical

Special Events/Fundraising

Donation Sorting & Organizing

Board of Directors/Committees

Retail Boutique Store Volunteer

Shelter Support

Not sure, wherever I'm needed most

Other – please specify: _____

9. When are you available to volunteer?

Daytime Monday Tuesday Wednesday Thursday Friday

Evenings (after 5:00pm) 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 indicate your availability for an interview:

Please be aware that we accept volunteers based upon fluctuating program and service requirements and therefore are unable to welcome 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.

Applicant Signature: _____ Date: _____

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