

Contact Information

## **Volunteer Application**

Name:					
Address: Apt					
City: Postal Code:					
Home Phone Number: Cell Number:					
Email Address:					
Emergency Contact: Relationship:					
Emergency Contact 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					
<ul> <li>I have a medical/cultural exemption</li> </ul>					
□ I am not vaccinated					
<b>Nova Vita Policy</b> 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:					



## **About You**

	How did you learn about volunteering at Nova Vita?				
	Media	Special Events	Friend		
	Website		Current Nova Vita Volunteer		
		cify):			
2.	Why do you want to become a volunteer?				
	Spare Time	Career Opportunities	Personal Satisfaction		
	Work Related	Develop Skills	Help Others		
	School	Community Involvement	Other:		
	Why have you chosen	to volunteer at Nova Vita?			
1.		e skills you could bring to Nova Vi			
	organizational skills, child care provider, office work, fund raising, events organization, crafts,				
	good listener, baking, cooking, etc.):				
ō.		ganizations/groups for which you	nhave volunteered during the past		
5.	Please list any other or five years:	ganizations/groups for which you	nhave volunteered during the past		
5.		ganizations/groups for which you	have volunteered during the past		
5.		ganizations/groups for which you	nave volunteered during the past		
	five years:				
	five years:	ganizations/groups for which you	NoStudent		
	Are you currently emp		No Student		
	Are you currently emp	loyed? (optional) Yes	NoStudent		

Nova Vita Domestic Violence Prevention Services





8. Areas of volunteer interest (chec	Areas of volunteer interest (check all that apply):				
Child Care Do	onation Sorting & Organizing Administration/Clerical				
Life Skills Sp	ecial Events/Fundraising Administration/Clerical				
Shelter Support Bc	oard of Directors/Committee Where I'm Needed Most				
Other (Please Specify):					
9. When are you available to volur	nteer?				
Daytime Monday	Tuesday Wednesday Thursday Friday				
Evenings Monday	Tuesday Wednesday Thursday Friday				
Weekends Yes	No				
Personal References					
Please provide two references. Must exclude relatives or Nova Vita staff.					
1. Name:	Phone:				
Email:	Relationship:				
2. Name:	Phone:				
Email:	Relationship:				
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:				
Return Completed Application to:  Nova Vita Domestic Violence Prevention Services Attn: Nicole Tello, Volunteer & Donations Coordinator 59 North Park St, Brantford, ON N3R 4J8 Email: <a href="mailto:ntello@novavita.org">ntello@novavita.org</a>					

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