



Volunteer Application

Contact Information

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 _____
- I have a medical/cultural exemption
- I am not vaccinated

Nova Vita Policy

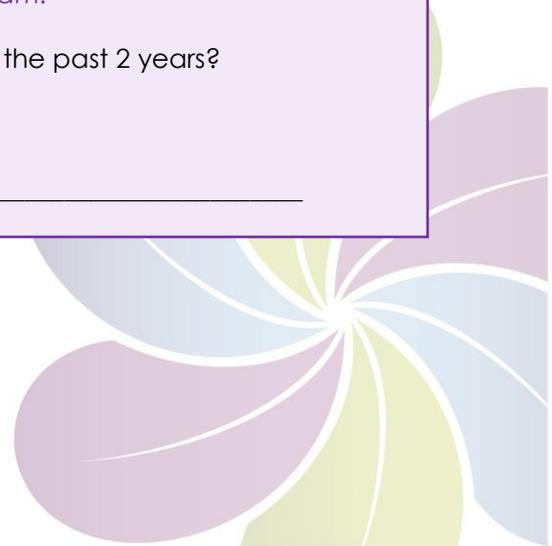
Volunteer applicants must be separated from Nova Vita services for more than 2 years in order to be considered for our volunteer program.

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: _____

Nova Vita Domestic Violence Prevention Services





About You

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

- Media Special Events Friend
- Website BRAVA Website Current Nova Vita Volunteer
- Other (Please Specify): _____

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: _____

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:

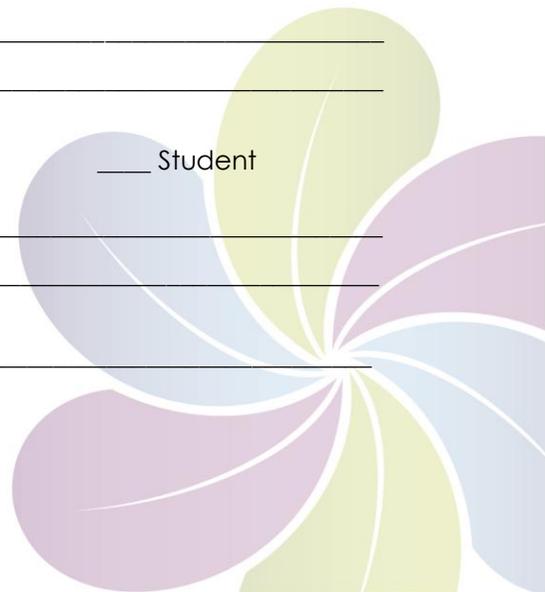
6. Are you currently employed? (optional) Yes No Student

Current Employer: _____

Primary Duties: _____

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

Nova Vita Domestic Violence Prevention Services





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

- Child Care Donation Sorting & Organizing Administration/Clerical
 Life Skills Special Events/Fundraising Administration/Clerical
 Shelter Support Board of Directors/Committee Where I'm Needed Most
 Other (Please Specify): _____

9. When are you available to volunteer?

- 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: Jessica Powless, Fundraising & Events Manager
 59 North Park St, Brantford, ON N3R 4J8
 Email: jpowless@novavita.org

Nova Vita Domestic Violence Prevention Services

