



Volunteer Application

Contact Information

Name: _____

Address: _____ Apt _____

City: _____ Postal Code: _____

Home Phone Number: _____ Cell Number: _____

Email Address: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone Number: _____

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: _____

About You

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

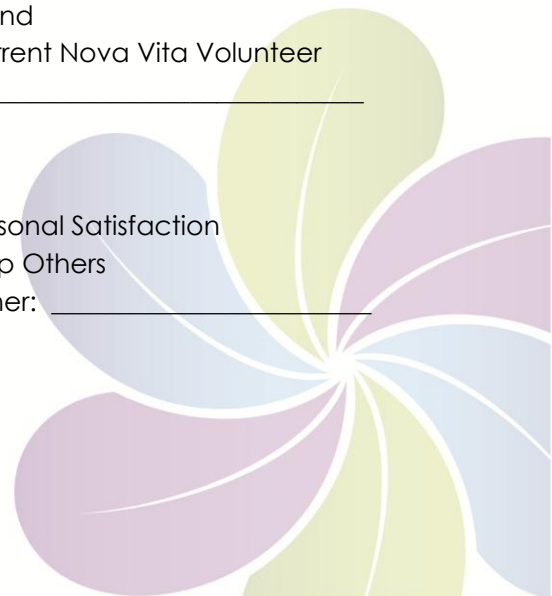
Media Special Events Friend
 Website BRAVA Website Current Nova Vita Volunteer
 Other (Please Specify): _____

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: _____

Nova Vita Domestic Violence Prevention Services

Emergency Shelter • Transitional Support and Housing • Children's Programs • Family Programs
Community Counselling • Challenge to Change • Community Engagement • Closet Couture Boutique
Registered Charitable Tax # 10777 1727 RR0001





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, fundraising, events organization, crafts, 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: _____

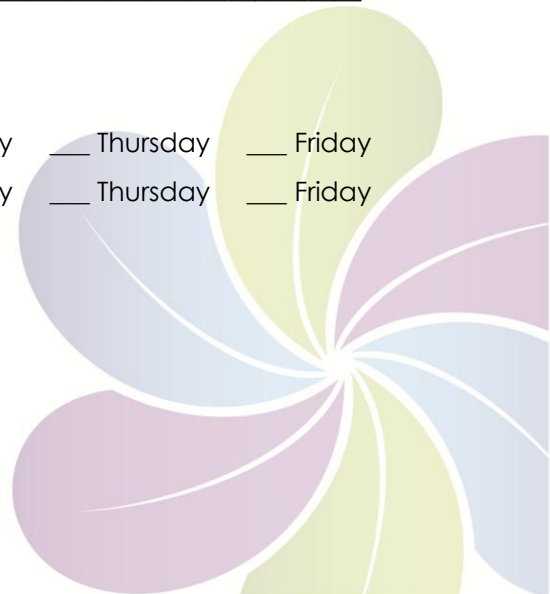
8. Areas of volunteer interest (check all that apply):

Child Care Donation Sorting & Organizing Administration/Clerical
 Life Skills Special Events/Fundraising Kitchen/Baking
 Shelter Support Board of Directors 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

Nova Vita Domestic Violence Prevention Services





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

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