



111 Duke Street E., Kitchener, ON N2H 1A4 Tel: (519) 744-0904; Fax: (519) 744-5379 admin@childwitness.com

Once completed, please return to the Child Witness Centre by email, mail or fax.

A. GENERAL INFO	RMATION	
Date:	Name:	
Street:	City:	Postal Code:
Phone (day):	Phone (evening):	Cell:
Email:		
EMERGENCY NOTIFICATION	ON	
Name:	Relationship:	
Phone (home):		
-	ne Executive Director all criminal convicting for requires you to be able to drive, pleater	tions. ase list any driving offence convictions you have
	successful applicant's ability to drive is	s required for his/her position, there is an ns to the Executive Director.
B. EDUCATION HIS	STORY	
Are you currently at school? Yes No If yes, current school:		
Grade Level/Degree:		
Language(s) Spoken: Language(s) Written:		

C. WORK HISTORY		
Are you currently employed? Yes No No	Full-time Part-time Retired	
If yes, where: Job Title:		
Work Experience: Please list your last three positions, employers and the dates you held those positions: 1		
2.		
3		
D. VOLUNTEER EXPERIENCE		
D. VOLUNTEER EXPERIENCEPlease list your volunteer experiences		
	Experience:	
Please list your volunteer experiences		
Please list your volunteer experiences 1. Placement:	Experience:	
Please list your volunteer experiences 1. Placement: 2. Placement: 3. Placement:	Experience:	
Please list your volunteer experiences 1. Placement: 2. Placement: 3. Placement:	Experience:	
Please list your volunteer experiences 1. Placement: 2. Placement: 3. Placement: Other Community Involvement:	Experience:	
Please list your volunteer experiences 1. Placement: 2. Placement: 3. Placement: Other Community Involvement:	Experience: Experience:	

E. AREAS OF INTEREST			
What type of volunteer work would you be interested in? Choose as many as you wish.			
Office Administration Fundraising			
Building Maintenance Member of the Fundraising Committee			
Marketing and Media Relations Member of the Board of Directors			
Planning and Organizing Special Events Assisting at Special Events			
Driving – Distribution of Brochures Telephone Work			
Writing Newsletter Articles Project Work			
No volunteer positions have direct contact with the children in the Child Witness Program			
F. TIME AVAILABILITY			
Please indicate your preference:			
A short term assignment 4. Helping out when available			
2. A fixed time commitment 5. Home tasks			
3. On-going volunteer duties 6. Other:			
Could we call you to volunteer on short notice? Yes No			
C. FORMO AND DOCUMENTO TO BE DROVIDED ONLY LIDON THE DECLIFOR			
G. FORMS AND DOCUMENTS TO BE PROVIDED ONLY UPON THE REQUEST			
The Child Witness Centre may request the applicant to provide any or all of the following, but will only request the			
following at the time it is needed.			
 Letter(s) of Reference Oath/Affirmation of Compliance with the Child Witness Centre Code of Conduct Police Check Family and Children's Services Check 			
H. PLEASE SIGN AND DATE			
II. FLEASE SIGN AND DATE			
I hereby agree that all information provided is true and accurate and I give the Child Witness Centre authorization to			
check references. Signature: Date:			
(Sign or type name)			