



Together we improve lives through overcoming addiction & mental health concerns.



Volunteer Application Form

Complete this form for the volunteer application process and submit to the Thorpe Recovery Centre attention to the Business Development Assistant. All applications are to be reviewed and applicant is susceptible to an interview and character reference check in addition to an acceptable criminal record and vulnerable sector check.

Date of Application: _____

Applicant Contact Information

Dr. Mr. Mrs. Ms. Miss

Surname

Given Name(s)

Street/Mailing Address

City

Province

Postal Code

Home Phone

Mobile Phone

Email

Employment

Position/Title

Date of Birth (YYYY/MM/DD)

Emergency Contact

Surname

Given Name(s)

City

Province

Home Phone

Mobile Phone

Relation

How did you hear about Thorpe Recovery Centre?: *Please select all that apply*

Alumni

Former Employee

Date & Position: _____

Friend/Relative:

Whom can we thank? _____

Society Member

Website/Social Media

Other

Please Specify: _____

Expression of Interest: Please outline your interest in the Thorpe Recovery Centre, and any goals you wish to accomplish while a Volunteer.

Qualifications: In addition to the mandated qualifications, please explain what certifications, skills, and experience you have to contribute to the organization. Please include any and all volunteer or community service.

Areas of Interest

Client Activity Support

Safe Driver & Activity Support (SPCA, swimming, walks, group meetings, etc.)

Recreation Support: (Sports, games, hobbies & crafts)

Spiritual support (bible study, church service, smudging, etc.)

Yoga Instruction: Provide beginner-level yoga instruction.

Availability: *Select all that apply*

	On Call	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Driver & Activity Support	<input type="checkbox"/>	<input type="checkbox"/> 7:30pm – 9:00pm		<input type="checkbox"/> 2:00pm – 4:00pm	<input type="checkbox"/> 7:30pm – 9:00pm			
Recreation Support	<input type="checkbox"/>			<input type="checkbox"/> 3:00pm – 4:00pm <input type="checkbox"/> 5:45pm – 6:45pm		<input type="checkbox"/> 5:45pm – 8:00pm	<input type="checkbox"/> 5:45pm – 8:00pm	<input type="checkbox"/> 12:30pm – 3:30pm
Spirituality Support	<input type="checkbox"/>		<input type="checkbox"/> 6:30pm – 7:30pm					<input type="checkbox"/> 9:00am – 10:00am
Yoga Instruction	<input type="checkbox"/>							<input type="checkbox"/> 6:00pm - 7:30pm

Other Supports *Select all that apply:*

- Grounds maintenance (gardening, landscaping, lawn maintenance)
- Fundraising and special events (AGM, Open Houses, Fundraising Campaigns, Ticket Sales)
- Other (We're open to your ideas!): _____

Availability: *Please select all that apply*

On Call	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="checkbox"/>	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning
	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon
	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening

Reference of Character Contact Information:

Surname, Given Name	Phone Number	Relationship
Surname, Given Name	Phone Number	Relationship

Confirmation of Application

Upon submission of this volunteer application form I hereby authorize the Walter A. "Slim" Thorpe Recovery Centre Society, doing business as the Thorpe Recovery Centre to perform a background check on my character and work experience. By signing below I confirm that I have met all of the requirements to be eligible to be a volunteer for the Thorpe Recovery Centre. In the event I wish to no longer proceed with the application process, I will notify the organization immediately.

Signature of Applicant

Date

Do you have everything?

Required Document Checklist:

- Completed & Signed Application Form*
- Character References*
- Criminal Record Check*
- Copy of Driver's License or Photo Identification*
- Driver's Abstract (if applicable)

*Denotes required information