

# Trillium Gift of Life Network Volunteer Application Form

(Please print in ink)



Trillium Gift of Life Network  
522 University Avenue, Suite 900  
Toronto, ON M5G 1W7  
Toll-Free: 1-800-263-2833  
[www.giftoflife.on.ca](http://www.giftoflife.on.ca)

## CONTACT INFORMATION (\* indicates mandatory fields)

\* First Name \_\_\_\_\_ \* Last Name \_\_\_\_\_  
 \* Street \_\_\_\_\_ \* Suite/Apt. \_\_\_\_\_  
 \* City \_\_\_\_\_ \* Province \_\_\_\_\_ \* Postal Code \_\_\_\_\_  
 \* Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Fax \_\_\_\_\_  
 Mobile \_\_\_\_\_ E-mail \_\_\_\_\_

What is your preferred language of communication?  English  French

What is your preferred method of communication?  E-mail  Telephone  Mail  Fax

## 1 STAY CONNECTED

I consent to receiving email from the Trillium Gift of Life Network about volunteering:  Yes  No

I consent to receiving future communication from TGLN on topics other than volunteering:  Yes  No

## 2 WHY VOLUNTEER? What are your reasons for volunteering with TGLN?

- Interest in organ/tissue donation  I am transplant recipient  To utilize my spare time  
 To develop career skills/experience  I am a donor family  To gain volunteer experience  
 ESL – English as a Second Language  High School requirement  Other \_\_\_\_\_

## 3 VOLUNTEER OPPORTUNITIES Please check all of the volunteer opportunities that you are interested in.

- Administrative Assistant  Transplant Recipient Speaker  Community Event Organizer  
 Public Relations Representative  Donor Family Speaker  Donor Registration Drives  
 High School/University Ambassador  Awareness Information Displays  Community Ambassador  
 Corporate/Workplace Ambassador  Faith Ambassador  Other \_\_\_\_\_

Have you volunteered with the Trillium Gift of Life Network in the past?  Yes  No

If yes, what year/ volunteer activity? \_\_\_\_\_

## 4 AVAILABILITY (Please select all of the dates/times you are available to volunteer)

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
DAY							
EVENING							

## 5 TRANSPORTATION

Do you have access to a car for volunteer activities?  Yes  No

## 6 EMPLOYMENT & EDUCATION

Employed  Student  Retired  Other \_\_\_\_\_

Which Organization/Company are you a student or employee of: \_\_\_\_\_

Have you attached a copy of your resume?  Yes  No

Please tell us about your work and/or past volunteer experience: \_\_\_\_\_

**7 SKILLS** Based on your experience and training, which of the following skills would you like to offer (Please check all that apply):

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Organizational               | <input type="checkbox"/> Administrative   | <input type="checkbox"/> Retail Sales             | <input type="checkbox"/> Event Planning  |
| <input type="checkbox"/> Writing                      | <input type="checkbox"/> Graphic Design   | <input type="checkbox"/> Research (internet)      | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Governance                   | <input type="checkbox"/> Customer Service | <input type="checkbox"/> Marketing/Communications | <input type="checkbox"/> Leadership      |
| <input type="checkbox"/> Languages                    | Fluent in _____                           |   |  |
| <input type="checkbox"/> Translation                  | Fluent in _____                           |   |  |
| <input type="checkbox"/> Other (please specify) _____ |   |   |  |

**Computer Software**

- |                       |                                   |                                       |                                   |
|-----------------------|-----------------------------------|---------------------------------------|-----------------------------------|
| Microsoft Word        | <input type="checkbox"/> Beginner | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Advanced |
| Microsoft Excel       | <input type="checkbox"/> Beginner | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Advanced |
| Microsoft Power Point | <input type="checkbox"/> Beginner | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Advanced |

**8 HOW DID YOU HEAR ABOUT US?**

- |   |  |   |                                      |
|---|--|---|--------------------------------------|
| <input type="checkbox"/> Word of mouth          | <input type="checkbox"/> Community event | <input type="checkbox"/> Media (i.e. TV)  | <input type="checkbox"/> Work place  |
| <input type="checkbox"/> Local Volunteer Centre | <input type="checkbox"/> Website         | <input type="checkbox"/> Friend or Family | <input type="checkbox"/> Twitter     |
| <input type="checkbox"/> Facebook               | <input type="checkbox"/> Social Network  | <input type="checkbox"/> Blog             | <input type="checkbox"/> Other _____ |

**9 EMERGENCY CONTACT** (OPTIONAL to fill out the information below)

Name \_\_\_\_\_ Relation \_\_\_\_\_  
 Day Telephone \_\_\_\_\_ Evening Telephone \_\_\_\_\_

**10 REFERENCES** Please provide 2 references that you have known for at least 6 months who are NOT personal friends or relatives.

Name \_\_\_\_\_ Organization \_\_\_\_\_ Telephone \_\_\_\_\_  
 Name \_\_\_\_\_ Organization \_\_\_\_\_ Telephone \_\_\_\_\_

Have you ever been convicted of a criminal offence for which a pardon has not been granted?  Yes  No

**THANK YOU for your interest in volunteering with the Trillium Gift of Life Network!**

I certify that all information included in this application form is true and complete. I agree to participate in orientation and training sessions as requested. I understand that the Trillium of Gift Life Network (TGLN) may contact me with information regarding other TGLN activities. If at any time I no longer wish to be contacted by TGLN, I may request to be removed from future mailings by calling the toll-free number listed on the front of the application form.

The personal information collected on this form is collected under the authority of the *Trillium Gift of Life Act*, R.S.O. 1990 c. H20. It will be used by TGLN for the purpose of identifying volunteer interest, and coordinating volunteer participation, in TGLN's public education and awareness initiatives. You will not be added to any government mailing lists, nor will your information be disclosed to anyone else, except as may be authorized by law. Trillium Gift of Life Network is committed to protecting the privacy of personal information under the *Freedom of Information and Protection of Privacy Act* or the *Personal Health Information Protection Act, 2004* in its possession and that this information will be kept confidential and will not be sold, traded or loaned to any other organization. I agree to respect the confidentiality of all information I may have access to at TGLN.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\*If you are under the age 18 please obtain parental or legal guardian consent

**Parent's name** \_\_\_\_\_ **Parent's Signature** \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date of Interview \_\_\_\_\_ Interviewed By \_\_\_\_\_  
 Date of Orientation \_\_\_\_\_ Start Date \_\_\_\_\_  
 Volunteer ID # \_\_\_\_\_ Date Entered into Database \_\_\_\_\_