STEM MONTESSORI ACADEMY OF CANADA (SMAC)

FOR OFFICE USE	
Volunteer Ref #_	Date

Volunteer Application Form

Thank you for your interest in volunteering with the STEM Montessori Academy of Canada and its subsidiary companies.

Volunteers play a vital role in the communities, non profits and work program placements. All volunteer applications are reviewed with consideration of current volunteer opportunities. The information you provide will be stored in confidence under the provisions of the Non-Disclosure and Confidentiality Agreement. Your completed form will be held securely and confidentially. Only authorized staff will have access to your information.

Personal Details					
Name:	Mr Mrs Miss Ms				
Postal Address:					
Province: Postal Code:	Country:				
Telephone: (Home)	(Mobile)				
E-Mail:					
Age: (Only required if under the age of mage)	jority (18) or if a vulnerable sector check is required)				
If you are involved with us as a volunteer and an emergency arises, whom should we contact?					
Name:	Relationship:				
Telephone: (Home)	(Mobile)				
Equal Opportunities Our organization and Non Profit Sector is committed to equal opportunities and all volunteer recruitment decisions will be based on merit, suitability for the role and experience. All volunteer recruitment decisions will not be influenced by race, colour, nationality, religion, sex, marital status, family status, sexual orientation, disability, age etc. Our organizations fully endorse a working environment free from discrimination and harassment. We are committed to standards of excellence in Individual and Child Protection practices. Where your volunteer role may have direct contact with other individuals and children, you will be required to complete a Police Clearance Form. In the mean time, please complete the question below. Have you ever been convicted of an offence anywhere in the world? Yes No					

Your Skills and Interests

1. Have you ever done any voluntary work before? Yes No No If you answered yes, please tell us a little about the experience.							
2. Why do you want to volunteer now? What has motivated you to get in touch with us?							
3. Do you ha	ve any particul	ar skills or qua	lities that you c	ould use in yo	our voluntary	work?	
		-	tised position?				
If yes, please	write the follow		ne e #				
5. What kind of voluntary work interests you? (See 'Current Work Opportunities' document for more information)							
 Non Profit Volunteer Work Program for Experience Work From Home Project Based Volunteer Work On the Job Training Internship in the National Office Other 							
6. When are you available for voluntary work?							
Manaina	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning Afternoon							
7. How long do you intend to volunteer for? (*Note - Some opportunities demand a minimum time commitment, ie. Board Level Roles, Work Placement Program)							
8. Where do you wish to volunteer?							
(Office / Events / Out of Town Opportunities)							
9. How did you find out about volunteering with us?							
☐ Information / Outreach meeting ☐ Media Radio / Television / Newspaper ☐ Website ☐ Leaflet / Poster ☐ Word of Mouth ☐ Internet www ☐ Other							
☐ A Volunto	er Centre						

References

1. Name:	Relationship:				
Place of Work:(If applicable)					
Telephone: (Home)	(Mobile)				
E-Mail:					
2. Name: Place of Work: (If applicable)					
Telephone: (Home)	(Mobile)				
E-Mail:					
If you have any queries when completing this application form, please phone 877 822 0080 or e-mail hr@stemcanada.ca. Is there any additional information you would like to bring to our attention?					
I declare that the information I have provided is true. All my actions as a volunteer will reflect the ethics of SMAC and its subsidiary companies and I agree that being of the utmost ethical morale will be central to my role.					
Signed	Date				
Volunteer Position	_				
Volunteer Interview	_				
Volunteer Role Description sent	-				
References Collected	-				
Volunteer Start Date	-				