VILLAGES Port Colborne

Volunteer Application Form

Thank you for your interest in volunteering with Villages Port Colborne. As a volunteer, your gift of time, skills, and experience helps us to provide vital, fair income to artisans in developing countries by selling their handcrafted items and sharing their stories in Canada.

Date: (YYYY/MM/DD) _____

Personal Data

Name:

_____

Address:

_____

Province: _____ Postal Code: _____

Cellphone: _____

Email: _____

Language(s) spoken:

_____

Position Requirements

- ✔ Enthusiastic about our mission.
- ✔ Dependable and punctual.
- ✔ Willing and able to interact with public in a friendly and helpful manner.
- ✔ Able to be mobile on the sales floor.
- ✔ Willing and able to provide excellent customer service.
- ✔ Able to assist customers in finding items for gifts or personal use.
- ✔ Willing to learn and share artisan stories.
- ✔ Comfortable learning to operate computerised cash register.
- ✔ Able to represent the organisation with a neat, clean appearance.

Why do you want to volunteer with Villages Port Colborne?

- □ Believe in the mission
- □ Interested in Fair Trade
- □ Gain work experience
- □ Meet new people
- □ Like the store atmosphere
- □ Other: _____

Are you fulfilling community service or school credit requirements?

- □ Yes
- □ No
- □ If yes, number of hours needed? ____

Are you at least 16 years of age? ☐ Yes ☐ No

Note: volunteers must be 16 years or older for most roles at Villages Port Colborne.

Availability

Please indicate the time period(s) you are available to volunteer: ☐ 1 shift per week

Shift		Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
Morning 11am – 2:00pm							

Afternoon 2:00 pm – 5pm							

Volunteer Experience

Organisation	Description of Duties	Date

Related Work Experience

(You may attach a current resume if desired). Please list any work experience that you think may be relevant to volunteering at Villages Port Colborne.

Organisation	Description of Duties	Date

Education

Please indicate highest grade or level completed or currently pursuing

School	Diploma(s)/Degree(s) Earned

Reference Information

Please provide two references who have known you for at least one year, are over the age of 18, and are not related to you.

Name	Relationship	Contact Information

I hereby declare that the foregoing information is true and complete to my knowledge. I authorise Villages Port Colborne to contact any or all of the references listed for the purpose of processing my volunteer application. I understand that these references will be contacted in confidence.

Personal information collected on this form will be used to determine compatibility of the skills and availability of the prospective volunteer with the needs and scheduling availability of Villages Port Colborne. Volunteer phone numbers and e-mail addresses will be used for staff communication and to schedule shifts.

Signature: _____ Date: (YYYY/MM/DD) _____

Thank you for your interest in Villages Port Colborne. While we try to place every prospective volunteer, management reserves the right to decline applications.

Please submit your completed application to:

Jane Nigh
Manager
Villages Port Colborne
7 Clarence Street, Port Colborne, Ontario
905-834-6292
Admin@VillagesPortColborne.ca