



Volunteer Application

1. Basic Information

- **Full Name**_____
- **Phone Number**_____
- **Email Address**_____
- **City / Region**_____
- **Preferred method of contact**

2. Availability

- **How often are you hoping to volunteer?**
 - ☐ **Weekly**
 - ☐ **Bi-weekly**
 - ☐ **Monthly**
 - ☐ **On-call / as needed**
- **Days/times generally available:**
 - ☐ **Weekdays**
 - ☐ **Evenings**
 - ☐ **Weekends**

3. Areas of Interest

(Please check all that apply)

- ☐ Practical support (meals, driving, errands, time in house with resident)
- ☐ Program support (life skills, activities, classes)
- ☐ Aftercare / mentorship support
- ☐ Administration support
- ☐ Event support / fundraising
- ☐ Prayer support
- ☐ Other: _____

4. Experience & Skills

- Do you have previous volunteer or work experience related to:
 - trauma-informed care
 - social services
 - ministry
 - counseling
 - administration
 - hospitality
- ☐ Yes ☐ No

If yes, please briefly describe:

5. Personal Motivation

- **Why are you interested in volunteering with Elora House?**
(Short paragraph — optional)
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6. Boundaries & Understanding

- **Are you comfortable volunteering in a trauma-informed environment with clear boundaries?**
☐ Yes ☐ No
 - **Are you willing to follow Elora House policies regarding confidentiality, safety, and appropriate communication?**
☐ Yes ☐ No
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7. Background Check & References

- **Are you willing to complete a background check if required?**
☐ Yes ☐ No
- **Please provide three references (non-family):**
 - **Name**
 - **Relationship**
 - **Phone or email**
 - **Name**
 - **Relationship**
 - **Phone or email**
 - **Name**
 - **Relationship**
 - **Phone or email**

8. Final Acknowledgement

- **I understand that submitting this application does not guarantee placement as a volunteer and that additional training and screening may**

be required.

☐ **Yes**

9. Anything Else You'd Like Us to Know?