



Committed to developing, promoting and supporting professional excellence among those individuals empowered with the management of volunteers.

Membership Application Form

June 1, 2017 – May 31, 2018

Please return completed application form with a cheque payable to:
Hamilton Administrators of Volunteers, 762 Upper James St., Suite #183, Hamilton, ON L9C 3A2

Member Profile

Date: _____

Personal

First Name: _____ Last Name: _____

Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Cell: _____

Personal Email: _____

Check if you would like your personal information included on the membership list

Professional

Job Title: _____ Organization: _____

Address: _____

City: _____ Postal Code: _____

Work Phone: _____ Extension: _____

Work Email: _____

Website: _____

Have you taken courses in Volunteer Management? Yes No

College _____ In-person Blended On-line

Level 1 Level 2 Certificate

Do you have volunteer management certifications?

CVA

(Certified in Volunteer Administration via Volunteer Management Professionals of Canada -VMPC)

CVRM

(Certificate in Volunteer Resource Management via Professional Association of Volunteer Leaders - PAVRO)

List other certifications or degrees:

1. _____

2. _____

3. _____

Are you a member of: PAVRO VMPC Another AVA Specify _____

Indicate the sites you use:

LinkedIn Charity Village Imagine Canada Volunteer Canada PAVRO

Volunteer management sites Specify: _____

Other Specify: _____

Employment Background

How long have you worked in Volunteer Management? _____ Yrs. _____ Mos.

Provide a short employment history:

Employer _____ Position: _____

Employer _____ Position: _____

Employer _____ Position: _____

Your Current Role

Full-time Part-time Contract Volunteer

Other _____

Not Applicable

Is your organization:

Local Provincial National International
Union Non-Union

What is the size of your organization? _____ Staff _____ Volunteers

What are the three primary responsibilities of your position?

1. _____
2. _____
3. _____

Do you have staff that reports to you? Yes No How many? _____

Do you have volunteers that report directly to you? Yes No How many? _____

What part of your duties and responsibilities do you enjoy doing? _____

What part of your duties and responsibilities do you not enjoy doing? _____

How much of your time do you spend on the following? Provide as a percentage:

Recruitment___ Screening___ Training___ Recognition___ Budgeting___ Program Design___
Retention___ Program management___ Fundraising___ Events___ Administration___
Human Resources___ Database management___ Other _____

What volunteer management software are you familiar with? _____

What part of your position do you find most challenging? _____

Professional Development

Check any of the following that are of interest to you as topics for workshops or seminars.

Conflict management Screening Navigating change Time management
Processes Records management Event management Program development
Program evaluation Leadership Other: _____

Is there a topic that you could comfortably speak about for 15 minutes at a moment's notice?

Yes No If yes, indicate what you could share _____

HAV would like to offer Share & Learns (free education opportunities that tap into the expertise of our members) that fit with your schedule. Check the time frame that works best for you:

Morning meetings 8-11 am Lunch meetings 12-1:30 Afternoon meetings 2-4

The best time for me to attend a ½ day workshop or seminar is: Morning Afternoon

I am interested in learning more about:

Executive Committee General Member Roles Mentorship Program
 Bursary Application Hosting an event Education
 Other _____

Membership Fees

New Member Renewal

Annual Membership Fee: **\$50.00**

Annual Student / Retired / Seeking Employment Membership Fee: **\$25.00**

Paid by Individual Paid by Organization*

***Organizational membership** is paid by an employer for an employee to be an HAV member. Should the member change employment, the membership covers a new employee until the end of the fiscal year.

HAV is dedicated to providing each member, regardless of membership type, with continued support. Contact us should a change of employment occur.

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