

VANCOUVER SOCIETY OF CHILDREN'S CENTRES

Volunteer Application Form

Name: _____ Date of Birth (MM/DD): _____

Address: _____

Postal Code: _____ Phone No.: _____

Fax: _____ Email: _____

Days & Hours Available: _____

Type of Volunteer Work Preferred:

- Office Programs (Childcare/ Family Place) Committee Board

If you are interested in volunteering in our programs:

Related Experience: _____

Language(s) Spoken/ Written: _____

Related Skills/ Qualifications: _____

Note: Volunteers who will be in contact with children must undergo a criminal record check.

References:

Name: _____ Phone No.: _____

Name: _____ Phone No.: _____

Emergency Contact:

Name: _____ Phone No.: _____

Relationship: _____

For Office Use Only

Start Date: _____

- Office Volunteer
 Childcare Volunteer Centre: _____ Program: _____
 Criminal Record Search
 First Aid