



VOLUNTEER APPLICATION

Thank you for your interest in volunteering and taking the time to complete this application. Please feel free to attach a résumé.

| | | |
|------------|----------------|-------------|
| Mr/Mrs/Ms | First Name | Last Name |
| Address | City | Postal Code |
| Home Phone | Business Phone | Cell Phone |
| Email | | |

1. Please check the appropriate area(s) you would like to volunteer in:

- | | |
|---|--|
| <input type="checkbox"/> Office <input type="checkbox"/> Family Place Program <input type="checkbox"/> Committee <input type="checkbox"/> Kitchen Support <input type="checkbox"/> Cleaning <input type="checkbox"/> Gardening <input type="checkbox"/> Maintenance | <input type="checkbox"/> Child Care Program <input type="checkbox"/> Board of Directors <input type="checkbox"/> Family Programs Workshops <input type="checkbox"/> Arts, Music, Sports workshops <input type="checkbox"/> Other _____ |
|---|--|

Is there a particular location you are interested in volunteer at? _____

Please indicate (mark boxes with) your availability to volunteer

| | SUN | MON | TUES | WED | THU | FRI | SAT |
|------------------|-----|-----|------|-----|-----|-----|-----|
| Morning | | | | | | | |
| Afternoon | | | | | | | |
| Evening | | | | | | | |

2. How long are you prepared to commit to volunteering?

- 3 months
 6 months
 1 year
 more than 1 year
 other _____ please specify

3. Are you currently employed?

- No Yes
 If yes, full time part time
 Where? _____

4. Are you currently attending school?

- No Yes
 If yes, High School Post Secondary Other

Where did you hear about our volunteer opportunities?

- VSOCC website
 Brochure
 School
 Volunteer Vancouver
 Word of mouth
 Other _____

5. VSOCC serves a diverse community; please tell us why you've chosen to volunteer with us...

6. Do you have experience as a volunteer? If yes, please tell us about those experiences:

7. What language(s) do you speak fluently? What languages do you write?

8. What are some of your hobbies and interests?

9. Please list some skills you'd like to contribute to VSOCC and skills you would like to develop.

10. Please provide us with two character references

| | | |
|------|-------------------|-------|
| Name | Position/Relation | Phone |
|------|-------------------|-------|

| | | |
|------|-------------------|-------|
| Name | Position/Relation | Phone |
|------|-------------------|-------|

| | | |
|------------------------|--|-------------|
| Signature of Applicant | Parent/Guardian Signature for applicant under 18 years of age | Date signed |
|------------------------|--|-------------|

PLEASE NOTE: Our Commitment to Privacy

The Vancouver Society of Children's Centres is committed to protecting personal information by following responsible information handling practices in keeping with privacy laws. We collect, use, and disclose personal data in order to better meet your service needs, to ensure and address the health and safety needs of your children in our care, for statistical purposes, and to inform you about the program in which you are registered. You will hear from us periodically about other VSOCC programs, services, program improvement initiatives, VSOCC Fundraising and other opportunities that may interest and benefit you and your children.

Mail or in person: 951 - 409 Granville Street, Vancouver, BC V6C 1T2
Fax: 604-718-6565 Email: info@vsocc.org

For Office Use Only:

- Criminal Record Search
- First Aid
- References

Start Date: _____

Copy form given to: _____