

VOLUNTEER APPLICATION

Please complete and email this form to the address indicated on the volunteer posting.



Position title: _____ Date: _____

VOLUNTEER CONTACT INFORMATION

Name: _____

Address: _____ City: _____ Postal Code: _____

Email: _____ Phone: _____

Emergency contact name: _____ Phone: _____

ABOUT YOU

1. Education:

2. Hobbies, skills, interests:

3. Work experience:

4. Previous volunteer experience:

5. Have you volunteered at Family Services of Greater Vancouver before? If so, where?

6. What do you hope to gain by volunteering?

ABOUT YOU (CONT)

7. How did you hear about us?

www.fsgv.ca Volunteer Centre Friend School Other: _____

8. Do you have any physical limitations or are you under any course of treatment which might limit your ability to perform certain types of work?

No Yes

9. Do you have access to an automobile you can use for volunteer work? No Yes

10. Are you currently receiving services from Family Services of Greater Vancouver? No Yes

If yes, where?

11. Your availability (check all that apply)

	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

REFERENCES Please list the names of two (2) **non-family** references:

Reference 1

Name: _____

Phone: _____

Email: _____

Reference 2

Name: _____

Phone: _____

Email: _____

FOR OFFICE USE ONLY

Date received: _____

Volunteer interviewed by: _____

The personal information requested is collected under the authority of the Protection of Privacy Act for the purpose of considering your volunteer application. All applicants are required to undergo a Criminal Record Check.