

VOLUNTEER APPLICATION



Thank you for your interest in volunteering and taking the time to complete this application. The Volunteer Coordinator will contact you for an interview when volunteer opportunities arise. Feel free to attach a résumé.

Mr./Mrs./Ms./Mx. First Name Last Name

Address City Postal Code

Home Phone Business Phone Cell Phone

Email

Are you currently employed?

No Yes, if so Full Time or Part Time / Where: _____

May we contact you at work? Yes No

Are you currently attending school?

No Yes, if so High School Post Secondary Other _____

Name of School: _____

Age Group: under 18 19-34 35-44 45-64 over 65

Please check appropriate area(s) where you would like to volunteer:

- | | |
|---|--|
| <input type="checkbox"/> Arts & Culture | <input type="checkbox"/> Office Assistance |
| <input type="checkbox"/> Ambassador Program | <input type="checkbox"/> On-Call for Special Events |
| <input type="checkbox"/> Board Committee | <input type="checkbox"/> Ice Rink |
| <input type="checkbox"/> Board Member | <input type="checkbox"/> Seniors: AML/Lion's Den/Vietnamese |
| <input type="checkbox"/> Childcare Licensed | <input type="checkbox"/> Adult: Sports/Fitness/Wellness |
| <input type="checkbox"/> Children's After-School Programs | <input type="checkbox"/> Children: Sports/Fitness/Wellness |
| <input type="checkbox"/> Literacy - Children/Student/Family | <input type="checkbox"/> Youth/Preteen: Arts/Sports/General |
| <input type="checkbox"/> Fitness Centre | <input type="checkbox"/> Youth Latin American: Arts/Sports/General |

How long are you prepared to commit to volunteering?

On call 1 month 3 months 6 months 1 year other _____

Please indicate (mark boxes with an "X") the times when you are available to volunteer:

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
Morning							
Afternoon							
Evening							

Where did you hear about our volunteer opportunities?

Info Centre Brochure School Volunteer Vancouver Word of Mouth Other _____

We are always interested in hearing from new volunteers; please tell us why you have chosen Britannia:

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

What language(s) do you speak fluently?

What are some of your interests and hobbies?

Please provide us with references: (Education, Work, Affiliations)

Name: _____ Position/Relation: _____ Phone: _____

Name: _____ Position/Relation: _____ Phone: _____

Emergency Contact: _____ Phone: _____

PLEASE NOTE: Volunteers working with children, youths, seniors and persons who are vulnerable must consent to and pass a criminal record search prior to starting their volunteer experience.

I hereby certify that the information given by me in this application is true and complete to the best of my knowledge. I also agree to represent Britannia Community Centre in the best possible way while volunteering.

Incomplete forms may not be processed.

Signature of Applicant

Parent/Guardian Signature for
Applicant Under 18 Years of Age

Date Signed

Please return the completed application in person or by mail to:
Information Centre, 1661 Napier Street, Vancouver, BC, V5L 4X4
or by fax at 604-718-5858 or e-mail: yao.zhang@vancouver.ca
Phone Yao for more information: 604.718.5860

FOR OFFICE USE ONLY

Rec Date:	Call Date:	Int. Date:	
Dept:	Sup:	Crim Check	Ref. Check
Start:	End:	<input type="checkbox"/> Sup <input type="checkbox"/> VC <input type="checkbox"/> Vol.	Reason: