

# VOLUNTEER APPLICATION

**VOLUNTEER INFORMATION:**

NAME:		PREFERRED FIRST NAME:
ADDRESS:		
EMAIL:		
PHONE HOME:	CELL:	
EMERGENCY CONTACT:	PHONE:	RELATIONSHIP:

*(You are not required to answer any questions that you do not feel comfortable with.)*

MALE  FEMALE  YOUTH  ADULT  SENIOR (ANSWER THESE IF YOU WISH)

Languages other than English (spoken fluently): \_\_\_\_\_

**Do you have any health restrictions?** e.g.: wheelchair accessibility, allergies, recent illness, no lifting  Yes  No

IF SO, PLEASE DESCRIBE: \_\_\_\_\_

**What programs are you interested in volunteering for?**

VOLUNTEER DRIVERS  MEALS ON WHEELS DELIVERY  TELEPHONE TREE

GROCERY SHOPPING  REHAB SUPPORT  OTHER: \_\_\_\_\_

HAVE YOU DONE VOLUNTEER WORK BEFORE?  YES  NO IF YES, PLEASE DESCRIBE: \_\_\_\_\_

\_\_\_\_\_

HAVE YOU EVER VOLUNTEERED AT A VCH SITE:  YES  NO IF YES, PLEASE INDICATE SITE, POSITION, DATES, ETC. \_\_\_\_\_

TRAINING / SKILLS / EDUCATION: \_\_\_\_\_

\_\_\_\_\_

LIST ANY SPECIAL INTERESTS, HOBBIES OR EXPERIENCES: \_\_\_\_\_

\_\_\_\_\_

WHY ARE YOU APPLYING FOR A VOLUNTEER POSITION WITH US, AND WHAT DO YOU EXPECT TO GAIN FROM THIS VOLUNTEER EXPERIENCE? \_\_\_\_\_

\_\_\_\_\_

**TIME**

FLEXIBLE?  Yes  No SPECIFIC TIMES AVAILABLE: \_\_\_\_\_

HOW LONG CAN YOU COMMIT YOURSELF?  6 MONTHS  1 YEAR  ONGOING  OTHER

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**VEHICLE INFORMATION:** *(if you will be driving for VCH)*

Driver's License # \_\_\_\_\_ Expiry Date: \_\_\_\_\_

License Class  1  2  3  4  5 \*\*\*Please include photocopy of Drivers License with application.

Driver's License Restrictions: \_\_\_\_\_

Vehicle Colour, Make, Yea, License Plate: \_\_\_\_\_

Passenger Capacity: \_\_\_\_\_ Able to Transport Wheelchairs:  Yes  No

Available to drive: (please indicate those that apply)

Local  North Vancouver  Vancouver  Anywhere in the Lower Mainland

**REFERENCES**

Please list two references – people you have known for at least 12 months who are not related to you ie. employer, co-worker, teacher, coordinator of volunteers, etc.: .

*Please inform your references that they will be contacted.*

Name: \_\_\_\_\_ Email: (preferred) \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Email: (preferred) \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Phone: \_\_\_\_\_

It is required by law that all volunteers must submit to a Criminal Record check.

Do you consent?  Yes  No

Date of completed criminal record check: \_\_\_\_\_

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Legal Guardian Consent (for applicants 16-18 years old)**

I, \_\_\_\_\_, give my  
child/ward \_\_\_\_\_

permission to participate in the Volunteer Program at Vancouver Coastal Health.

Signature of Parent/Guardian: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

How did you hear about volunteering at VCH?  Cable TV  Volunteer Centre  Friend

Advertisement:  Newspaper  Poster  Other: \_\_\_\_\_

***Thank you for applying to volunteer with Vancouver Coastal Health!***