



Saanich Volunteer Services Society

1445 Ocean View Road, Victoria BC, V8P 1J8

Phone: (250) 595-8008 Fax: (250) 595-8005

Email: contactus@saanichvolunteers.org

VOLUNTEER APPLICATION

First Name _____ Last Name _____

Address _____ City _____ Prov. _____ Postal Code _____

Home Phone _____ Business Phone _____ Birth date _____ (MM/DD/YYYY)

Email Address _____

Have you ever been convicted of a criminal offence for which you have **not** been pardoned? yes no

Do you agree to have a criminal record check conducted? yes no

Do you agree to provide a Driver's Abstract if a volunteer driver for SVSS? yes no N/A

If you are a recent arrival from out of province, please tick off applicable box:

I declare that I have no infractions on my Driver's Licence yes no N/A

Where did you hear about Saanich Volunteer Services Society?

Brochure Saanich News Sandwich Board Newsletter Friend/colleague Radio/TV

Water Bill Internet Other _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____ Phone: _____

HEALTH: DO YOU HAVE ANY CONCERNS WHICH MAY AFFECT YOUR VOLUNTEER WORK?

WORK EXPERIENCE:

SKILLS/HOBBIES/INTERESTS:

VOLUNTEER EXPERIENCE - Name Organizations	POSITION or DUTY

REFERENCES: (list two people other than relatives)

Name _____ Home Phone _____ Bus Phone _____

Name _____ Home Phone _____ Bus Phone _____

(continued over)

CHECK (✓) THE TYPE OF ASSIGNMENTS THAT INTEREST YOU?

- Companion Visiting
- Driving- Medical/Other
- Reassuring Phone Calls
- Companion Walking
- Grocery Shopping Assistance
- Personal Shopping
- Computer Assistance
- Form Completion
- Minor Home Repair
- Reading/Writing
- Mending/Sewing
- Other (specify) _____
- Day Surgery Program
- Board Mbr./Comm.Mbr.
- Income Tax Returns
- Gardening Assistance
- Dog Walking

Special Events (e.g. volunteer recruitment fairs, fundraising events, sitting at mall displays)

Volunteer time available: Days (e.g. Mon am/Tues.pm.) _____
Evenings _____ Weekends _____

Do you speak a 2nd language and if so what? _____

ARE YOU WILLING TO ASSIST CLIENTS WITH COMPLEX NEEDS?

- Yes
- No
- I Need Particulars

CODE OF CONFIDENTIALITY

As a volunteer of the Saanich Volunteer Service Society (SVSS) I will be exposed to confidential information with respect to clients, their families, and other Volunteers. My signature below is an acknowledgment of the personal responsibility I undertake to ensure complete confidentiality of personal client information, personal volunteer information, and all sensitive information pertaining to the Saanich Volunteer Services Society.

Client and volunteer information is the property of SVSS and will not be released without the permission of the client or the volunteer.

CONDITIONS

While Saanich Volunteer Services (SVSS) strives to match each volunteer, we cannot guarantee participation.

Please indicate that you have read, understand, and agree to the code and conditions by signing below.

Signature of Volunteer: _____ **Date:** _____ 200____.

Signature of SVSS staff: _____ **Date:** _____ 200____.

Interview Notes:

Office	Use	Only
	initials	date yr/mo/day
approved		
file folder		
card		
data input		
put away		
closed		
reason		