



SAANICH VOLUNTEER SERVICES SOCIETY

Volunteer Application

<p>Title: _____</p> <p>Last Name: _____</p> <p>First Name: _____</p> <p>Known As: _____</p> <p>Middle Initial: _____</p> <p>Gender (M/F) _____</p> <p>Street: _____</p> <p>City: _____</p> <p>Prov/State: _____ PC/Zip: _____</p> <p>Birth Date: _____</p> <p>Email: _____</p>	<p>Phone Type: Area Code/Number:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Home</td><td>_____</td></tr> <tr><td>Work</td><td>_____</td></tr> <tr><td>Extension</td><td>_____</td></tr> <tr><td>Cell</td><td>_____</td></tr> <tr><td>Pager</td><td>_____</td></tr> <tr><td>Fax</td><td>_____</td></tr> </table> <p>2nd Language: Write/Speak:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>French</td><td>_____</td></tr> <tr><td>Spanish</td><td>_____</td></tr> <tr><td>German</td><td>_____</td></tr> <tr><td>Other</td><td>_____</td></tr> <tr><td>Other</td><td>_____</td></tr> </table>	Home	_____	Work	_____	Extension	_____	Cell	_____	Pager	_____	Fax	_____	French	_____	Spanish	_____	German	_____	Other	_____	Other	_____
Home	_____																						
Work	_____																						
Extension	_____																						
Cell	_____																						
Pager	_____																						
Fax	_____																						
French	_____																						
Spanish	_____																						
German	_____																						
Other	_____																						
Other	_____																						

<p>Health Concerns:</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(If yes, explain)</p> <p>Reason for Volunteering:</p> <p>Volunteer Experience (Organization/Role):</p> <p>Work Experience and Education:</p> <p>Interests/Skills:</p> <p>Are you willing to assist clients with complex needs?</p> <p>How did you hear about the organization?</p>	<p>Do you have any health concerns which may affect your volunteer work?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
--	--

	REFERENCE 1 (Non-Family)	REFERENCE 2 (Non-Family)	EMERGENCY CONTACT:
Name	_____	_____	_____
Relationship	_____	_____	_____
Address	_____	_____	_____
Phone	_____	_____	_____
Email	_____	_____	_____
Note	_____	_____	_____

How often would you like to volunteer?

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

Availability Comments:

General Comments:

Complete if volunteering to drive:

License #: Once Week
 Car Type: More Often
 Year: Wheelchair
 # Doors: Walker

Driving Comment:

Service Options	
Activity : Drives Medical	<input type="checkbox"/>
Activity : Drives Miscellaneous	<input type="checkbox"/>
Activity : Drives Weekend & Eve	<input type="checkbox"/>
Activity : Form Assistance	<input type="checkbox"/>
Activity : Gardening	<input type="checkbox"/>
Activity : Help with Computers	<input type="checkbox"/>
Activity : Income Tax	<input type="checkbox"/>
Activity : Macular Degeneration Group	<input type="checkbox"/>
Activity : Mending/Sewing	<input type="checkbox"/>
Activity : Miscellaneous	<input type="checkbox"/>
Activity : Mustard Seed Pickup	<input type="checkbox"/>
Activity : New Client Visits	<input type="checkbox"/>
Activity : On the Go Again	<input type="checkbox"/>
Activity : Pack/Organize/Sort	<input type="checkbox"/>
Activity : Play Cards	<input type="checkbox"/>
Activity : Play Chess	<input type="checkbox"/>
Activity : Play Cribbage	<input type="checkbox"/>
Activity : Play Piano	<input type="checkbox"/>
Activity : Play Scrabble	<input type="checkbox"/>
Activity : Push Wheelchairs	<input type="checkbox"/>
Activity : Reassurance Phone Calls	<input type="checkbox"/>
Activity : Reading	<input type="checkbox"/>
Activity : Referral	<input type="checkbox"/>
Activity : Repairs	<input type="checkbox"/>
Activity : Repairs Electric	<input type="checkbox"/>
Activity : Repairs Painting	<input type="checkbox"/>
Activity : Repairs Plumbing	<input type="checkbox"/>
Activity : Shopping Assistance	<input type="checkbox"/>
Activity : Swimming	<input type="checkbox"/>
Activity : Taxi Picture	<input type="checkbox"/>
Activity : Tutoring	<input type="checkbox"/>
Activity : Companion Visiting	<input type="checkbox"/>
Activity : walking	<input type="checkbox"/>
Activity : Writing	<input type="checkbox"/>
Support : Accounting	<input type="checkbox"/>
Support : Board Interested	<input type="checkbox"/>
Support : Board Member	<input type="checkbox"/>
Service : Computer	<input type="checkbox"/>
Support : Special Events	<input type="checkbox"/>
Support : Fundraising	<input type="checkbox"/>
Support : Newsletter	<input type="checkbox"/>
Support : Office Miscellaneous	<input type="checkbox"/>
Support : Photographer	<input type="checkbox"/>
Support : Publicity	<input type="checkbox"/>
Support : Office Reception	<input type="checkbox"/>
Support : Training	<input type="checkbox"/>
Support : Workshops	<input type="checkbox"/>

Have you ever had a criminal conviction for which you have not been pardoned?

Yes No

AGREEMENT:

I consent to a criminal record check. I also consent to a driver's abstract if I have offered to drive.

I recognize that participation as a volunteer cannot be guaranteed.

I understand that my acceptance as a volunteer with Saanich Volunteer Services Society will be at the discretion of the coordinator of volunteers and staff of the agency.

CONFIDENTIALITY: I will respect confidential information that I am given regarding Saanich Volunteer Services Society and regarding persons involved with Saanich Volunteer Services Society including clients, volunteers, donors, staff and others involved.

PRIVACY: Saanich Volunteer Services Society collects information from you to assist us for the purpose of providing volunteer services. The information we collect is treated as confidential and is only disclosed for the above purpose. By signing you give consent to use the information as specified above.

SIGNATURE _____

DATE _____

Interviewer's Remarks:

Interviewer:

Interview Length:

OFFICE USE ONLY:

Card:

Computer:

Index/Driver

Email Outlook

Start Date

(Date Criminal Record Check Rec'd)