



# VOLUNTEER APPLICATION

Thank you for your interest in volunteering and taking the time to complete this application. Please feel free to attach a résumé.

Mr/Mrs/Ms	First Name	Last Name
Address	City	Postal Code
Home Phone	Business Phone	Cell Phone
Email		

**1. Please check the appropriate area(s) you would like to volunteer in:**

- |   |  |
|---|--|
| <input type="checkbox"/> Office               | <input type="checkbox"/> Child Care Program            |
| <input type="checkbox"/> Family Place Program | <input type="checkbox"/> Family Programs Workshops     |
| <input type="checkbox"/> Kitchen Support      | <input type="checkbox"/> Arts, Music, Sports workshops |
| <input type="checkbox"/> Cleaning             | <input type="checkbox"/> Other _____                   |
| <input type="checkbox"/> Gardening            |  |
| <input type="checkbox"/> Maintenance          |  |

Is there a particular location you are interested in volunteer at? \_\_\_\_\_

Please indicate (mark boxes with ) your availability to volunteer

	SUN	MON	TUES	WED	THU	FRI	SAT
<b>Morning</b>							
<b>Afternoon</b>							
<b>Evening</b>							

**2. How long are you prepared to commit to volunteering?**

- 3 months     6 months     1 year     more than 1 year     other \_\_\_\_\_ please specify

**3. Are you currently employed?**

- No     Yes
- If yes,  full time     part time
- Where? \_\_\_\_\_

**4. Are you currently attending school?**

- No     Yes
- If yes,  High School     Post Secondary     Other

**5. Where did you hear about our volunteer opportunities?**

- VSOCC website     Brochure     School     Volunteer Vancouver     Word of mouth
- Other \_\_\_\_\_

6. VSOCC serves a diverse community; please tell us why you've chosen to volunteer with us?

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

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8. What language(s) do you speak fluently? What languages do you write?

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9. What are some of your hobbies and interests?

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10. Please list some skills you'd like to contribute to VSOCC and skills you would like to develop.

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11. Please provide us with two character references

Name	Position/Relation	Phone

Name	Position/Relation	Phone

Signature of Applicant	Parent/Guardian Signature for applicant under 18 years of age	Date signed
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**PLEASE NOTE: Our Commitment to Privacy**

The Vancouver Society of Children's Centres is committed to protecting personal information by following responsible information handling practices in keeping with privacy laws. We collect, use, and disclose personal data in order to better meet your service needs, to ensure and address the health and safety needs of your children in our care, for statistical purposes, and to inform you about the program in which you are registered. You will hear from us periodically about other VSOCC programs, services, program improvement initiatives, VSOCC Fundraising and other opportunities that may interest and benefit you and your children.

Mail or in person: 200-1362 Seymour Street, Vancouver, BC V6B 3P3  
Fax: 604-718-6565 Email: [info@vsocc.org](mailto:info@vsocc.org)

<b>For Office Use Only:</b>	
<input type="checkbox"/> Criminal Record Search	Start Date: _____
<input type="checkbox"/> First Aid	Copy form given to: _____
<input type="checkbox"/> References	