



“Empowering People”
Volunteer Application Form

Enriching Our Communities Through Volunteerism

Date of Application: _____
mm/dd/yy

Personal Information

Name: _____

Are you under 19 years of age Yes No

Daytime Telephone Number _____

Email _____

Address _____ City _____

Province _____ Postal Code _____

Current Occupation: _____

Emergency Contact Name: _____

Phone Number: _____

Please check(X) program areas you are interested in:

- | | | |
|---|---|--|
| <input type="checkbox"/> Visiting Seniors in their home | <input type="checkbox"/> Hospice Hospital Visitor | <input type="checkbox"/> Fundraising for the Society |
| <input type="checkbox"/> Grocery Assistance for Seniors | <input type="checkbox"/> Hospice Home Visitor | <input type="checkbox"/> Fundraising for Hospice |
| <input type="checkbox"/> Providing Transportation for Seniors to medical appointments | <input type="checkbox"/> Grief Counselling | |
| | <input type="checkbox"/> Complimentary Therapy (Reiki, Healing Touch) | |

Availability:

- Short term basis (up to six months)
- Occasionally (as needed and available)
- A one time event, example: Canada Day, Christmas Parade
- Long Term Basis (longer than six months)

I am interested in volunteering: (Please check day and/or evenings according to your usual availability)

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evenings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many hours per week/month would you like to volunteer? _____ / Week _____ / Month

Languages other than English spoken _____ written _____

Please tell us about any special interests you would bring to volunteering (ex. Food Safe certificate, first aid training, current memberships, cashier training etc.)

Please tell us about any previous volunteer opportunities you have undertaken.

What do you personally hope to achieve by volunteering?

What health problems or physical limitations do you have that may affect your volunteer activity?

Are there any specific volunteer opportunities or member agencies that you would like more information about?

Hobbies/Interests:

Please provide the names and phone numbers of two personal references and one professional (from either paid or volunteer work experience).

Personal 1)

2)

Professional 3)

I authorize a designated staff member of the North Island Crisis & Counselling Centre Society to contact the above mentioned references in connection with my application for the position of Volunteer.

Signature

Date

Please note: Applicants are required to fill out criminal record checks.

Please return your completed form in one of three ways:

By Mail: NICCCS Box 2446 Port Hardy, BC V0N 2P0	Fax: 250.949.8344	Email: reception@nicccs.org
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