

VOLUNTEER APPLICATION

NORTH VANCOUVER, WEST VANCOUVER PROGRAMS

Please complete this form in black ink

Personal Information

Preferred First Name: _____

Last Name: _____ First Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone: Home: (____) _____ Business (____) _____

Cell: (____) _____ E-Mail: *(mandatory)* _____

Interests

Why are you interested in volunteering with us?

What site and type of volunteer programs interest you? (Community, Hospital, Residential Care, Assisted Living)

What days and times are you available to volunteer?

History (Volunteer, Employment, Education, Training)

Are you presently a volunteer? ☐ Yes ☐ No

If YES, where? _____ How long? _____

Have you volunteered for Vancouver Coastal Health before? ☐ Yes ☐ No

If YES, when and where? _____

Describe any other volunteer experience you have (attach separately if you wish):

Are you presently employed or seeking employment? ☐ Yes ☐ No ☐ Retired
☐ Full Time ☐ Part Time ☐ Casual

Current Employer: _____ Current Job: _____

If no, are you looking for work? ☐ Yes ☐ No If Yes: ☐ Full Time ☐ Part Time ☐ Casual

Education/Training: If you are currently a student, what school/university do you attend?

Area of Study: _____ Year/Grade: _____

List any past relevant education/training you have (Attach separately if you wish):

... Continued on back of page

Abilities and Skills

List your hobbies, skills, interests and experiences:

Do you speak and/or write languages other than English? ☐ Yes ☐ No

If you answered YES, which language(s)? _____

References

Please provide 2 references (not relatives or friends) who have known you for at least 6 months *(Please inform your references they will be contacted)*

Name: _____ Phone: _____

Relationship to you: _____ E-mail: _____

Name: _____ Phone: _____

Relationship to you: _____ E-mail: _____

****It is required by law that all volunteers must submit to a Criminal Record check. Will you consent?** ☐ Yes ☐ No

Emergency Information

In case of emergency, contact:

Name and relationship to you: _____

Home telephone: _____ Cell phone: _____

Business phone: _____

Parent/Legal Guardian Consent (applicants under 19 years old)

(PLEASE NOTE THAT YOU MUST BE AT LEAST 16 YEARS OLD TO VOLUNTEER WITH US)

I, _____, give my child, _____, permission to participate in the Volunteer Program at Vancouver Coastal Health.

Signature of Parent/Guardian: _____ Date: _____

Please read the following carefully before signing this application:

By signing, I confirm that the information in this volunteer application is complete and true. I understand and agree that any omission or misrepresentation may be cause for refusal of volunteer placement, or if I am a volunteer for Vancouver Coastal Health, may be cause for immediate termination. I authorize Vancouver Coastal Health to contact the references listed and give permission to these references to release all relevant information requested.

I also understand that by signing this volunteer application form, Vancouver Coastal Health will keep a record of my personal information on site and that it will remain confidential to Vancouver Coastal Health. I understand that personal information on this form is collected, used and disclosed by VCH in accordance with the Freedom of Information and protection of Privacy Act (FIPPA), and that if I have any questions about the collection and use of my information, I can contact VCH's Information Privacy Office at 604-875-5568 or email at privacy@vch.ca

Signature: _____ **Date:** _____

Thank you for applying to volunteer with Vancouver Coastal Health – North Shore

DROP OFF / MAIL/EMAIL YOUR VOLUNTEER APPLICATION OR CONTACT US FOR MORE INFORMATION

VCH Volunteer Resources (North Shore), 231 E. 15th Street, North Vancouver, BC V7L 2L7

Tel: 604-988-3131 ext 4920, Email: NSVolunteer@vch.ca

Sites include: Adult Day Centres, Community Health Centres, Diners Club, Cedar Garden, Cedarview Lodge, Evergreen House, Kiwanis Care Centre, Lions Gate Hospital