

VOLUNTEER APPLICATION FORM



Date: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone Numbers: Home: _____ Cell: _____

Work: _____

Email Address: _____ Birthday: (month,day) _____

Gender: ___ Male ___ Female

Occupation: _____

Are you a student? If so, where and what year/grade? _____

Previous employment and volunteer experience: _____

Languages: Spoken _____ Written: _____

Skills and qualifications you wish to share: _____

Do you have a valid driver's license? Do you have access to a vehicle?

Who should we contact in the event of an emergency?

Name: _____ Relationship: _____

Please list 2 references preferably not friends or family. (Note – these individuals will be contacted.)

Attach any current letters of reference to this form.

1. Name: _____ Phone#/Email: _____

How do you know this person? _____

2. Name: _____ Phone#/Email: _____

How do you know this person? _____

Length of commitment:

3 months 6 months 1 year other: _____

Times available	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
<i>Please list, under each day, your available hours.</i>							



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Please indicate 3 preferences of where you would like to volunteer.

Program	Program
FRASER VALLEY HUMAN DIGNITY COALITION	YOUTH RESOURCE CENTRE
HOST PROGRAM	INCOME TAX PREPARATION
EMPLOYMENT MENTORING	LUNCH WITH THE BUNCH
ENGLISH LANGUAGE SERVICES FOR ADULTS (ELSA)	MEALS ON WHEELS
CALL (Community Access to Literacy and Language)	MEDICAL TRANSPORTATION
IMMIGRANT FAMILY CONNECTIONS	COMMUNITY KITCHEN
SOUTH ASIAN COMMUNITY RESOURCE OFFICE (SACRO)	BEST FOR BABIES
YOUTH BUDDY	EMPLOYING PEOPLE IN COMMUNITY (EPIC)
YOUTH THEMES	FOCUS ON FRIENDS
FOOD BANK AND CHRISTMAS BUREAU	SPECIAL TRAINING & RECREATION CLUB (STAR)
ABBOTSFORD-MISSION RECYCLING	CUSTODIAL/MAINTENANCE

"I hereby certify that the information contained in this application is true to the best of my knowledge."

Signature: _____

Date: _____

For more information about volunteering at Abbotsford Community Services log onto
www.AbbotsfordCommunityServices.com

The information you provide on this form is considered confidential by Abbotsford Community Services and will only be used to manage the application, selection and coordination of volunteers with Abbotsford Community Services. The information is used for pre-screening, checking references, as well as recording home and emergency contact information. This form is kept on file by the Volunteer Coordinator for all active volunteers and will be destroyed 5 years after a volunteer resigns.

The form is used only by the Volunteer Coordinator; the same form is used across all of the Abbotsford Community Services sites. It is distributed to potential volunteers by the Volunteer Coordinator, as well as by program staff and front desk staff.

'People Helping People'

For Supervisors Use Only: Additional comments, notes etc.

Please indicate if you will be using or not using this volunteer to support your program in the following manner:

If **YES** email confirmation to volunteer@AbbotsfordCommunityServices.com Please include the name of the volunteer.

If **NO** please return this volunteer application form to the Volunteer Coordinator's mail box #32 to ensure prompt follow-up.