

Family Services of the North Shore  
**Volunteer Application**



Download and save this form to your computer before adding your information.

**General Information**

Last Name:	First Name:	Date of Application:
Current Residence: Apt./Street: City: Lower Lonsdale <input type="checkbox"/> NV City <input type="checkbox"/> NV District <input type="checkbox"/> WV District <input type="checkbox"/> Other <input type="checkbox"/>	Postal Code:	Home Phone: Cell Phone: Email:

Are you:  Youth (age 16 -18)  Adult (age 19 -64)  Senior (65 or older)

**Area of Interest**

Please check off ALL the volunteer position(s) that interest you:  
 Thrive Family Programs  Jessie's Legacy  Christmas Bureau  Companionship Community Care program  Community Events  Fundraising Events  
 YouthLAB  Youth Opportunities  Administration support  Not sure

Have you volunteered with Family Services of the North Shore before?  YES  NO  
If yes which position? \_\_\_\_\_  
Please list any training or experience that may help you volunteer:

Please use this space to tell us anything else about yourself that relates to volunteering with Family Services of the North Shore (Have you worked with children, seniors, low-income families, special needs, etc.?)

Please list any organization that you have volunteered with in the past and what duties you enjoyed the most:

Please check off all times and days you are available

Times	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9:00 am – 12:00 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12:00 pm – 3:00 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3:00 pm – 5:00 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5:00 pm – 8:00 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**References**

Reference: Name: _____ Relationship: _____ Phone: _____ Email: _____	Reference: Name: _____ Relationship: _____ Phone: _____ Email: _____
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**Emergency Contact**

In case of medical or other emergency, please provide a contact name and phone number (Family Services of the North Shore uses your personal information to administer our relationship with our volunteers. We keep this information on file to maintain our contact with you).

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

I Consent to having my information retained  YES  NO

I understand that as a volunteer, I am required to respect and maintain the confidentiality of information pertaining to clients, volunteers and staff.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed form to:  
#203 – 1111 Lonsdale Avenue, North Vancouver, BC V7M 2H4  
Or Email to: varley@familyservices.bc.ca