

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: Postal Code: Lower Lonsdale <input type="checkbox"/> NV City <input type="checkbox"/> NV District <input type="checkbox"/> WV District <input type="checkbox"/> Other <input type="checkbox"/>				Home Phone: Cell Phone: Email:		
Are you: <input type="checkbox"/> Youth (age 16 -18) <input type="checkbox"/> Adult (age 19 -64) <input type="checkbox"/> Senior (65 or older)						
Area of Interest						
Please check off ALL the volunteer position(s) that interest you: <input type="checkbox"/> Thrive Family Programs <input type="checkbox"/> Jessie's Legacy <input type="checkbox"/> Christmas Bureau <input type="checkbox"/> Companioning Community Care program <input type="checkbox"/> Community Events <input type="checkbox"/> Fundraising Events <input type="checkbox"/> YouthLAB <input type="checkbox"/> Youth Opportunities <input type="checkbox"/> Administration support <input type="checkbox"/> Not sure						
Have you volunteered with Family Services of the North Shore before? <input type="checkbox"/> YES <input type="checkbox"/> 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						
	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: _____			
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 <input type="checkbox"/> YES <input type="checkbox"/> 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						