



Volunteer Application Form

Date: _____ Preferred First Name _____
Last Name: _____ **Legal First** Name: _____
 Address: _____
 City: _____ Postal Code: _____
 Telephone Numbers: Home: _____ Cell: _____
 Work: _____
 Email Address: _____ Birthday: (month, day) _____

Occupation: _____

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

Previous employment and volunteer experience: _____

Languages: spoken _____ written _____

Skills you wish to share: _____

Why do you want to volunteer with us? _____

Who should we contact in the event of an emergency?
 Name: _____ Relationship: _____
 Phone Numbers: _____

Please list 2 references, not friends or family. (Note - these individuals will be contacted.)
 Attach any current letters of reference to this form.

1. Name: _____ **Email:** _____

How do you know this person? _____ Phone: _____

2. Name: _____ **Email:** _____

How do you know this person? _____ Phone: _____

Length of commitment:

4 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.e. Tuesdays 12 – 4 pm</i>							



Volunteer Application Form

Here are some of our volunteer opportunities. Please ✓ anything that interests you:

- | | | |
|--|--|---|
| <input type="checkbox"/> Resident visiting | <input type="checkbox"/> Exercise programs | <input type="checkbox"/> Special events |
| <input type="checkbox"/> Entertainment | <input type="checkbox"/> Bingo | <input type="checkbox"/> Happy Hour |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Clerical/HR | <input type="checkbox"/> Carpet Bowling |
| <input type="checkbox"/> Cards/games/mahjong | <input type="checkbox"/> Beauty Care/Spa | <input type="checkbox"/> Baking/Kitchen |
| <input type="checkbox"/> Assisting with Pastoral Care
(Sunday services, etc.) | <input type="checkbox"/> Bus Outings | <input type="checkbox"/> Special projects |
| <input type="checkbox"/> Gift Shop | <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Other: _____ |

"I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE"

Signature: _____ Date: _____

Please scan/email, mail, or fax your completed application to:

**Volunteer Coordinator
LITTLE MOUNTAIN PLACE
330 East 36th Avenue
Vancouver, BC V5W 3Z4
Tel: (604) 325 2298 - Fax: (604) 325-3655
Impvolunteercoord@littlemountaincare.org**

Thank you for considering to share your time and talent with our community!

The information you provide on this form is considered confidential by Little Mountain Residential Care and Housing Society and will only be used to manage the application, selection and coordination of volunteers within this society. 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 Resources Department for all active volunteers and will be destroyed 5 years after a volunteer resigns.

The form is used only by Volunteer Resources, and is distributed to potential volunteers by Volunteer Resources staff, as well as by program staff and front desk clerks.