Is there any specific training or experience you would like to gain?

_____

_____

_____

_____

_____

Any further comments or information:

_____

_____

_____

_____

_____

Community
Volunteer Application Form

"Lend a Hand" YOU can make a difference!

Thank you for volunteering in your community. Volunteers are important because they help non-profit organizations to continue offering invaluable services and programs to the community. We are excited for you that will contribute your time, skills, and resources to make a difference in our community.

Thank you for completing this application.
Please print clearly. All information gathered will be kept confidential
and will be used only by Whitevalley Community Resource Centre.

First Name:_____ Last Name:_____

Address:_____

City: _____ Prov: _____ Postal Code: _____

Phone (H) _____ (W) _____ (C) _____

Other: _____ Email: _____

Preferred contact method: _____

Valid Driver's License ☐ No ☐ Yes

Are you willing to do a Criminal Record check ☐ No ☐ Yes

PROFILE SUMMARY

Previous Volunteer or Work Experience:

_____

_____

_____

_____

What special interest, skills, training or qualifications do you have that you would like to use in your volunteer role (accounting, public speaking, reception etc)

_____

_____

Indicate the type of volunteer work that interests you (Check all that apply)

☐ Clerical/office/administration   ☐ Mentoring   ☐ Fundraising
☐ Project/Research   ☐ Special Events   ☐ Writing Articles
☐ Childcare   ☐ Seniors Programs   ☐ Thrift Store
☐ Food Bank   ☐ Lumby Museum   ☐ Emergency Services
☐ RCMP – Victim Assistance   ☐ Children Programs   ☐ Lumby Days
☐ Young Moms Programs   ☐ Youth Programs

☐ Other (please specify) _____

☐ Other (please specify) _____

Which computer software skills do you have? (Word, Excel, Publisher, Power Point, etc)

_____

_____

What is your availability? Check all that apply:

☐ Regularly – once or twice weekly   ☐ Occasionally, as needed   ☐ Once a month
☐ Projects   ☐ Special Events

Please check all the times that you are available:

	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
After 5 pm							

Are you currently employed? ☐ Yes ☐ No

Name of employer: _____

Please indicate any health problem, limitations or dislikes, which may affect your volunteer work:

_____

_____

REFERENCES

Please provide 3 references; Present or former employers, Education Institutions, or acquaintances that have known you for at least 2 years.

Name: Relationship to Applicant:

Phone Number: Email:

Name: Relationship to Applicant:

Phone Number: Email: