

I am aware and support \_\_\_\_\_'s decision to volunteer with the Whitevalley Community Resource Centre.

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_

Signature of parent/guardian of applicant below age of majority \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Interviewed by: \_\_\_\_\_ Interview date: \_\_\_\_\_

- Volunteer Applicant Interviewed
- Volunteer Resume received
- Volunteer Applicant Reference Check #1
- Volunteer Applicant Reference Check #2
- Volunteer Applicant Reference Check #3
- Criminal Record Check obtained
- Driver's License photocopied (applicable, not applicable)
- Driver's Abstract obtained (applicable, not applicable)

Accepted:  Yes  No If not, why?

Placement: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Date available to begin: \_\_\_\_\_

Start date: \_\_\_\_\_

General Observations/Comments/Notes:



## Volunteer Application Form

### Mission Statement

Whitevalley Community Resource Centre promotes and supports the health and well-being of our community by:

- Creating Opportunities
- Providing Assistance
- Respecting diversity, and
- Building partnerships through positive, caring, responsive action.

*"Together creating a positive, healthy community"*

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

### GENERAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Other: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred contact method: \_\_\_\_\_

Valid Driver's License:  Yes  No If Yes, Class: \_\_\_\_\_ License #: \_\_\_\_\_

### APPLICANT PROFILE QUESTIONS

Whitevalley Community Resource Centre adheres to and complies with the provisions under the provincial and territorial Human Rights Acts.

Are you legally entitled to work in Canada?  Yes  No

Have you ever been employed for, or volunteered with, Whitevalley Community Resource Centre?

Yes  No

If Yes, please specify which program and what was your role.

List any previous and/or current volunteer activities outside of Whitevalley Community Resource Centre.

How did you hear about the volunteer program at Whitevalley Community Resource Centre?  
(Check all that apply.)

- Display       Called/Dropped-in       School       Newspaper  
 Poster/Flyer       Staff Member       Internet       Television  
 Public Event       Friend/Relative       Another Volunteer       Radio  
 Other (please specify):

Describe your main reasons for wanting to volunteer. (Check all that apply.)

- Desire to help others       Interest in community involvement  
 Gain experience & develop skills       Establish work record & build resume  
 Meet people & network       Other (please specify):

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

- Clerical/Office/Administration       Mentoring       Fundraising  
 Projects/Research       Special Events       Writing Articles/Promotion  
 Committee Work       Senior's Activities       Thrift Store  
 Food Bank       Lumby Museum       ESS  
 RCMP - Victim Assistance       Salmon Trail       Training/Facilitation  
 Young Moms       Children       Youth  
 Other (please specify):

What is your availability? (Check all that apply.)

- Regularly - once or twice weekly       Occasionally, as needed       Once a month  
 Projects - one to three months       Special Events       Other (please specify):

Check all the times that you are available.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
After 5 pm							

Are you currently employed?  Yes  No

Position/Title:

Employer:

Can you provide a resume?  Yes  Attached  No

If not, please provide a list of your work experience:

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

Which computer software programs do you have experience working with?

Language:

- Speak       Read       Write  
 Speak       Read       Write  
 Speak       Read       Write

### REFERENCES

1. Present or former employers/volunteer agencies; 2. Educational institutions; 3. Acquaintance belonging to a recognized profession who has known you for at least 2 years (to be used if #1 or #2 are not an option).

Name:

Address:

Phone Number:

Relationship to Applicant:

Name:

Address:

Phone Number:

Relationship to Applicant:

Name:

Address:

Phone Number:

Relationship to Applicant:

***I certify that the information in this application is correct and complete. I agree to behave in accordance with the Mission and Vision values of the Whitevalley Community Resource Centre. I give my permission to the Whitevalley Community Resource Centre to contact the above references and to obtain, if required, a criminal record check and/or a driver's abstract. I understand that I will be advised in advance if a criminal record check and/or a driver's abstract is required. I understand that if I am below the age of majority, I must have my parent/guardian sign and provide their contact information below.***

Signature of applicant

Date