

Personal Information

Mr Ms Mrs Miss Other Preferred First Name: _____

Last Name: _____ First Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone: Home: _____ Business: _____ Cell: _____

Pager: _____ E-Mail: _____

Citizenship: Canadian Other: _____

Age Group: Under 19 19-25 26-40 41-60 Over 60 Birthdate: Month: _____ Day: _____

For Volunteer Drivers Only: Driver's License No.: _____

License Plate No.: _____

Car Make & Year: _____

Interests

Why are you interested in volunteering for us? _____

What type of volunteer programs interest you?

Program	Position	Position	Position
Meals on Wheels:	<input type="checkbox"/> Driver	<input type="checkbox"/> Runner	<input type="checkbox"/> Pick-up Driver
Form & Tax Completion	<input type="checkbox"/> F&T Completion		
Social Outing Host	<input type="checkbox"/> Host		
Friendly Morning Calls	<input type="checkbox"/> Caller		
Office Assistant	<input type="checkbox"/> Reception	<input type="checkbox"/> General Office Help	
Tax Clinic (Spring)	<input type="checkbox"/> Tax Preparer	<input type="checkbox"/> Program Booking Assistant	
Medical Transportation	<input type="checkbox"/> Driver		
Grocery Program	<input type="checkbox"/> Order Taker		

Office Use Only:

Rec'd Date:

On Hold Date:

Comments / Notes:

Return completed applications to: Seniors Services Society, Attn: Volunteer Services, 750 Carnarvon Street

New Westminster, BC V3M 1E7 Phone: 604-520-6621 Fax: 604-520-1798 Email: volunteer@seniorsservicesociety.ca

Interests Cont'd.

Can you volunteer on a regular basis? No Yes, what times are you available for volunteer work?

Please indicate blocks of specific times in the spaces provided:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM						
PM						
EVE						

Would the times be regular, or would they need to change frequently? Regular Change

If your hours would change frequently, please explain: _____

Required for Volunteer Drivers Only (if you have not applied to be a driver then skip to next section)

Do you have a minimum of 5 years of driving experience? No Yes

Are there any restrictions on your driver's license? No Yes

If yes, please state type _____

Have you ever had your driver's license suspended, revoked or refused? No Yes

If yes, please explain _____

Name of your automobile insurance company (you will be required to provide a copy): _____

Has an insurance company ever refused, cancelled, non-renewed or given notice of intention to non-renew your automobile insurance?

No Yes, Cancelled Yes, Non Renewal Yes, Refused

Have you been convicted during the last 10 years of driving while intoxicated or under the influence of drugs?

No Yes

If yes, please explain _____

Have you had any traffic violations in the past 3 years? No Yes

If yes, please explain _____

Have you had any type of motor vehicle accident in the last 5 years? No Yes

If yes, please explain _____

Abilities/Skills

List any hobbies/skills/interests/experiences: _____

Do you speak and/or write languages other than English: No Yes

If YES, please specify: _____

History (Volunteer, Employment, Education, Training)

VOLUNTEER: Are you presently a volunteer? No Yes

If yes, where: _____ How long? _____

Describe any previous volunteer experience: _____

EMPLOYMENT: Are you currently employed: Yes No Full Time Part Time Casual

Current Employer: _____

May we contact you at work: Yes No

Previous Employment: *(attach resume if you wish)* _____

EDUCATION/TRAINING: If you are currently a student, what school/university do you attend?

Area of Study: _____ Year/Grade: _____

List any past relevant education/training you have: _____

Have you any specific training relating to seniors? No Yes, If yes, describe: _____

References

Please provide two references (not relatives) that have known you for at least 6 months; one personal, and one business or volunteer related: *(Please inform your references they will be contacted)*

Name: _____ Phone: _____

Personal Relationship to you: _____ Email: _____

Name: _____ Phone: _____

Business/Volunteer Relationship to you: _____ Email: _____

Emergency Information: In case of emergency, contact:

Name: _____ Relationship to You: _____

Telephone: Home _____ Business _____ Cell _____

Parent/Legal Guardian Consent: *(applicants under 18 years old)*

I, _____, *(Print Your Name)* grant my child, _____ *(Child's Name)*,
permission to participate in the Volunteer Program at _____ *(Organization Name)*.

Signature of Parent/Guardian: _____ Date: _____

**** Please read the following carefully before signing this application ****

My signature below is authorization for the Seniors Services Society to perform a background check which shall include:

- **CONTACTING PERSONAL REFERENCES**
 - **CRIMINAL RECORD CHECK** (Volunteers will complete this online. Link provided by Coordinator Volunteer & Social programs)
- I will provide one piece of government issued photo id.
- I will provide a copy of my driver's license, driver's abstract and vehicle insurance.
(Required for volunteer drivers only)
- I understand that I do not have to agree to this background check, but that refusal to do so may exclude me from consideration for some types of volunteer work.
- I understand that all my personal information collected will be strictly confidential.
- I understand that my photo will be taken for volunteer security and ID purposes.

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I affirm that all information I might read, hear or see is considered to be strictly confidential.

Signature: _____ **Date** _____