



Volunteer Application Form

Thank you for your interest in volunteering your time at our organization. The following information will assist us in determining your interests and abilities for a prospective volunteer position, and provide other information required for administrative purposes. This application will form part of your volunteer profile.

Personal Information

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Cell: _____

Email: _____

How did you learn about our volunteer program? _____

Occupation/Employment History

Are you employed? yes no Position: _____

Employer: _____ Business phone: _____

May we contact you at work? yes no Other work experience: _____

Education/Training

If you are currently a student, please indicate: School: _____

Grade/Level: _____ Area of Study: _____

Please describe any recent training that may benefit your volunteer position : _____

Skills and Abilities:

Please list any skills/experience that you bring to a volunteer position. Please elaborate.

- | | | | |
|--|--|-------------------------------------|---|
| <input type="checkbox"/> Dreamweaver | <input type="checkbox"/> office support | <input type="checkbox"/> planning | <input type="checkbox"/> fund raising |
| <input type="checkbox"/> graphics | <input type="checkbox"/> customer service | <input type="checkbox"/> child care | <input type="checkbox"/> special events |
| <input type="checkbox"/> second language | <input type="checkbox"/> retail experience | <input type="checkbox"/> financial | <input type="checkbox"/> Board experience |

Other: _____

Women's Resource Society of the Fraser Valley

Interests

Volunteer positions change according to program needs. If offered, which of the following areas would interest you most? Check all that apply.

- | | | | |
|---|-----------------------------------|--------------------------------------|--|
| <input type="checkbox"/> special events | <input type="checkbox"/> bingo | <input type="checkbox"/> clerical | <input type="checkbox"/> Social Action |
| <input type="checkbox"/> Fronya (retail store) | <input type="checkbox"/> planning | <input type="checkbox"/> translating | <input type="checkbox"/> children's programs |
| | | | <input type="checkbox"/> School-based programs |
| <input type="checkbox"/> other (please specify) _____ | | | |

Do you hold a valid BC Driver's License? ___yes ___no

Would you be willing to use your vehicle in the course of your volunteer work? ___yes ___no

Please list any previous experience with volunteer work. _____

**WRSFV is unable to offer experience working directly with women in Transition House or Counseling programs*

Screening

Our organization seeks to protect participants, volunteers, employees and the community through appropriate screening measures. Police record checks are required for a number of positions involving children or youth.

If requested, are you willing to submit to a police records check? ___yes ___no

In addition to this application please provide two personal letters of reference with contact information.

You will be contacted for a personal interview and may be asked to attend Orientation /Training
Please select your preferred times for meetings and training.

days

evenings

weekends

Name: _____

signature

date

If under 19, please add name and signature of guardian

date

Please return to:

Women's Resource Society, PO Box 3044, Mission BC, V2V 4J3
or drop off at 33070 Fifth Ave. Mission
604-820-8455 Fax: 604-820-8495