



YELLOWHEAD
COMMUNITY SERVICES

Volunteer Application Form

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

E-mail Address: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Emergency Contact: _____ Telephone: _____

Languages Spoken: _____ Written: _____

Do you have a valid BC Driver's Licence: ___ Yes ___ No

Interests: _____

Work Experience: _____

Educational Background: _____

How did you hear about volunteer opportunities with Yellowhead Community Services? _____

Which volunteer role(s) are you most interested in? (Please Check)

___ Administrative ___ Community Kitchen ___ Soup Kettle ___ Special Events

___ Fundraising ___ SB6 Activities ___ Youth Programs ___ Literacy Programs

___ Safe Home Service Response ___ Community Garden

___ Other (Please Specify): _____

Time Availability: (Please Check)

Day	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Frequency of Availability (weekly, monthly etc.): _____

Personal References: (other than family members)

1. Name: _____ Telephone: _____

2. Name: _____ Telephone: _____

Do you consent to a Criminal Record Check? Yes ___ No ___

Do you consent to signing a confidentiality declaration? Yes ___ No ___

Declaration

I certify that the facts set forth in this volunteer application are true and complete to the best of my knowledge. I understand that submitting my application does not guarantee my acceptance and I agree to participate in further screening to assist Yellowhead Community Services Society in determining my suitability for a volunteer position. I understand that any information I provide will not be released to any other organization without my written authorization being submitted to Yellowhead Community Services Society.

Signature

Date

Please note: Volunteers will be contacted by the appropriate program manager to set up an interview.