



VBIA VOLUNTEER APPLICATION FORM

Applicant Information

Name: _____

Email: _____

Date of birth (YYYY/MM/DD): _____

Gender: M F

Street address: _____

City: _____ Province: _____

Postal code: _____

Phone (home): _____

Phone (work): _____

Phone (cell): _____

Emergency Contact

Name: _____

Email: _____

Relationship: _____

Street address: _____

City: _____ Province: _____

Postal code: _____

Phone (home): _____



Phone (work): _____

Phone (cell): _____

References (please provide two)

Name: _____

Email: _____

Relationship: _____

Street address: _____

City: _____ Province: _____

Postal code: _____

Phone: _____

Name: _____

Email: _____

Relationship: _____

Street address: _____

City: _____ Province: _____

Postal code: _____

Phone: _____

Interests

How did you hear about volunteer opportunities with Vancouver BIA?



Why are you interested in volunteering with Vancouver BIA?

How much time are you interested in volunteering in a month?

Which day(s) of the week would you be available?

Mon Tues Wed Thurs Fri Sat Sun

What is your preferred time of day?

Morning Afternoon Evening

Which community do you want to volunteer in?

North Vancouver Vancouver West Vancouver

Which areas would you be interested in?

Drop-in Centre

Art/Photography

Health and Wellness Groups

One to One Support

Support Group(s)

Special Events

Fundraising

Committees

Do you have a valid driver's license? Yes No

Do you have regular access to a reliable vehicle? Yes No



Are you interested in driving program participants to activities? Yes No

If yes, is there at least three million liability insurance on your vehicle? Yes No

Skills and Experience (please include a copy of your current resume)

Are you willing to provide Vancouver BIA with a copy of a recent criminal records check? Yes No

Education/Training: (Please list any courses, night classes, lectures etc, that may be relevant to volunteering with Vancouver BIA.)

Languages spoken:

Work experience: (Please briefly describe relevant work experience below)

Relevant volunteer experience: (Please describe any related volunteer experience including the name of the organization and duties performed.)

Other relevant information:



To the best of my knowledge, the information entered on this form is accurate. I am in good health and physically able to participate in all activities and I agree to inform Vancouver Brain Injury Association (Vancouver BIA) staff prior to participation if there is a change in my health condition. I acknowledge that certain risks of injury are inherent in participation in some of Vancouver BIA's programs. **I release the management, employees, and directors of Vancouver BIA from any claim arising from my participation.**

Signature: _____

Name(printed): _____

Date: _____