DELTA VIEW LIFE
ENRICHMENT CENTRE

VOLUNTEER APPLICATION FORM

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Preferred: _____

Address: _____

City: _____ Postal Code: _____

Telephone: Home: (___) _____ Business: (___) _____ Cell: (___) _____

Email: _____

Date of Birth: Month: _____ Day: _____ Year: _____

EMERGENCY CONTACT

Is there any information a health care professional should know if you suddenly before ill (i.e. medical condition, allergies, medication, etc.? _____

Emergency Contact:

Name: _____ Relationship: _____

Telephone #1: _____ Telephone #2: _____

AVAILABILITY

Are you volunteering because of educational/program requirements?
□ No □ Yes, if so, how many hours do you need to complete? _____ Hours

Can you volunteer on a regular basis □ No □ Yes

Please **indicate blocks of specific time** in the space provided

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							
EVE							
OTHER (Please Describe):							

Would the time be regular, or would they need to change frequently □ Regular □ Change

if your hours would change frequently, please explain: _____

Are you volunteering because of educational/program requirements?
□ No □ Yes, if so, how many hours do you need to complete? _____ Hours

NOTE: Unless otherwise arranged with the Volunteer Co-ordinator, references will be provided only after you have successfully completed 60 hours over a period of six months. It is recommended that you volunteer a minimum of two hours per week, and a maximum of six hours per week.

VOLUNTEER APPLICATION FORM

HISTORY (Volunteer, Employment, Education, Training)

VOLUNTEER: Are you presently a volunteer? □ No □ Yes

If yes, where: _____ How long? _____

Have you volunteered for Fraser Health? □ No □ Yes, when/where: _____

Describe any previous volunteer experience: _____

_____

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

Current Employer: _____

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: _____

Do you have any specific health care training: □ 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)*

1. Name: _____ **Phone:** : (___) _____

Personal Relationship to you: _____ **Email:** _____

2. Name: _____ **Phone:** : (___) _____

Business/Volunteer Relationship to you: _____ **Email:** _____

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INTERESTS

Why are you interested in volunteering for Delta View? _____

_____

_____

What types of volunteer programs/activities interest you? _____

_____

ABILITIES/SKILLS

Areas of Interest: (Please select all that applies)

□ Musical Entertainment (i.e. Piano)
□ Home Improvement (i.e. Folding Laundry)
□ Newspaper/Story Reading
□ Knitting/Crocheting
□ Pub Nights/Large Group Activities*
□ Multicultural Movies
□ Mental Stimulation/Trivia
□ Darts
□ Gardening/Horticulture
□ Movie Matinee
□ Spiritual Care Visits
□ Outings*
□ Crossword Puzzles
□ Letter Writing
□ Bocci Ball
□ BINGO*
□ One on One Visitations
□ Pet Visits
□ Bowling
□ Choir*
□ Bell Choir*
□ Baking/Cooking

***** *These activities/programs are time specific*

List any hobbies/skills/interests/experiences: _____

_____

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

If YES, please specify: _____

PARENT/LEGAL GUARDIAN CONSENT: *(applicants under 14 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**

"I_____ **(Print your name)** confirm that the information in this volunteer application is complete and true. I understand and agreed that any omission or misrepresentation with respect to the information given may cause for refusal of volunteer placement, or if I am a volunteer of Fraser Health, may be cause for Fraser Health to contact the references listed and give permission to these references to release all relevant information requested."

I understand, and give permission for Fraser Health to keep a record of my personal information on site and that it will remain confidential to Fraser Health. I understand that this information may be disclosed to any party with legal and proper interest, and I release the agency from any liability whatsoever for supplying such information

Signature: _____ **Date:** _____