



CITIZEN SUPPORT SERVICES VOLUNTEER APPLICATION FORM

The information on this form is being collected to process your application for volunteering in accordance with the Freedom of Information and Privacy Act and under the authority of the Municipal Act for the purpose of determining your eligibility for volunteering with Citizen Support Services. **PLEASE PRINT.**

TODAY'S DATE: _____	
Title: Mr/Mrs/Miss _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
FAMILY NAME: _____	FIRST NAME: _____
Name(s) you go by: _____	

ADDRESS: _____		CITY: _____	POSTAL CODE _____
HOME PHONE: _____ ()	WORK PHONE: _____ ()	CELL PHONE: _____ ()	
FAX: _____ ()	E-MAIL: _____		
DATE OF BIRTH: mm/dd/yyyy	OCCUPATION: _____	EMPLOYER: _____	
IMMIGRATION STATUS			
<input type="checkbox"/> Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Refugee Claimant <input type="checkbox"/> Minimum "Six" months residency in Canada			

Are you attending High School, University, or College? <input type="checkbox"/> Yes <input type="checkbox"/> No
Institution: _____

Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Place of Work: _____ Occupation: _____

How did you hear about us? _____
Volunteer Experience: _____
Why are you interested in volunteering? _____
What are your special skills, interests, or hobbies? _____

LANGUAGES YOU SPEAK:	LANGUAGES YOU WRITE OR READ:
Fluency of English spoken: <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> Fluent	
Other Languages spoken: _____ <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> Fluent	

<u>What kind of volunteer assignment would you like?</u>		
CHILDREN'S PROGRAMS:	<input type="checkbox"/> Breast Feeding Clinic <input type="checkbox"/> Parents & Infants Drop-in <input type="checkbox"/> Baby Cuddler	
	<input type="checkbox"/> Child Health Clinic <input type="checkbox"/> Flu Clinics	
ADULT PROGRAMS:	<input type="checkbox"/> One-on-One Visiting <input type="checkbox"/> Phone Buddy <input type="checkbox"/> Community Kitchens	
	<input type="checkbox"/> Grocery Phoning <input type="checkbox"/> Grocery Shopping <input type="checkbox"/> Driving (<i>please see reverse</i>)	
	<input type="checkbox"/> Lunch Host <input type="checkbox"/> Bus Trip Attendant <input type="checkbox"/> Mall Shopping	

VOLUNTEER DRIVER APPLICANTS ONLY:

Do you have a valid BC Driver's License? Yes No Class: _____ DL No. _____
Do you have a vehicle? Yes No 2 door car Station Wagon
Model: 4 door car Truck
Make: Van
Age: How many people can fit comfortably? _____

IN CASE OF EMERGENCY NOTIFY:

Name: _____ Phone: _____

PERSONAL REFERENCES: Must be a "professional," i.e. Employer, Educator, Government Agency, Religious Organization Official or Volunteer Coordinator. Must speak and understand English.

Name:	Phone:	Relationship:
Name:	Phone:	Relationship:

Do you have any health problems or restrictions that might affect your volunteer work? Yes No
If yes, please specify _____

LENGTH OF COMMITMENT 3 months (minimum) 6 months longer not sure
Can you volunteer on a regular basis? Yes No

AVAILABILITY

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

A Criminal Record Search will be required when filling positions considered to have, or potentially have, interaction with vulnerable persons, in particular in one-to-one situations. I consent to a Criminal Record Check and reference check as a condition of volunteering for Burnaby Citizen Support Services.

SIGNATURE OF APPLICANT DATE

PARENT OR GUARDIAN (if applicant under 19yr) DATE

FOR OFFICE USE ONLY

ASSIGNMENT:

Criminal Record Check Drivers Abstract Geo Area _____ Interviewed by:

Citizen Support Services
111 - 4940 Canada Way
Burnaby, BC, V5G 4K6
Phone: (604) 294-7980 Fax: (604) 570-3614 Email: volunteers@burnaby.ca
www.burnaby.ca/citizensupportservices