



inclusion  
powell river

## Volunteer Application Form

Date:

### Contact Information

Name:

Email address:

Phone:

Address: \_\_\_\_\_

Street Address

City

Province

Postal Code

### Person to notify in case of emergency

Name:

Relationship:

Email address:

Phone:

Family Doctor:

Phone:

### General

What has motivated you to seek a volunteer position with inclusion powell river?

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What interests or skills would you want to share in a volunteer capacity?

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Do you have any medical or other condition that could impact you in a volunteer placement?

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**Practicum Applicants (not applicable for volunteers)**

Name of program or course: \_\_\_\_\_

Institution: \_\_\_\_\_ City: \_\_\_\_\_

Name of Instructor: \_\_\_\_\_

Instructor's email: \_\_\_\_\_ Instructor's phone: \_\_\_\_\_

Length of Practicum: \_\_\_\_\_

**Availability**

When are you available to volunteer?

Day	Morning 9am – 12pm	Afternoon 12pm – 3pm	Evening 6pm – 9pm	Flexible
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

What type of a placement are you seeking?

Weekly

Monthly

Once in a while





How long can you commit to volunteering?

- 6 months
- 1 year
- ongoing
- other (please specify):

**Experience**

Describe any relevant volunteer or work experience you have:

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Please list any additional training or certificates you have that might be relevant:

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**References**

Please list the names and contact information for two personal references.

Name:		Relationship:	
Phone:		Email:	

Name:		Relationship:	
Phone:		Email:	





**Agreement and Signature**

I understand that this application warrants a criminal record check, and may involve a verification of my motor vehicle record. I agree to comply with these requirements as authorized by my signature below.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

