# Volunteer Application

## Volunteer Information:

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<tr>
<th>Name:</th>
<th>Preferred First Name:</th>
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<th>Phone Home:</th>
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<th>Emergency Contact:</th>
<th>Phone:</th>
<th>Relationship:</th>
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(You are not required to answer any questions that you do not feel comfortable with.)

- **Male**
- **Female**
- **Youth**
- **Adult**
- **Senior** (Answer these if you wish)

Languages other than English (spoken fluently): ____________________________

**Do you have any health restrictions?** e.g.: wheelchair accessibility, allergies, recent illness, no lifting

- **Yes**
- **No**

If so, please describe: ____________________________

**What programs are you interested in volunteering for?**

- **Volunteer Drivers**
- **Meals on Wheels Delivery**
- **Telephone Tree**
- **Grocery Shopping**
- **Rehab Support**
- **Other:** ____________________________

**Have you done volunteer work before?**

- **Yes**
- **No**

If yes, please describe: ____________________________

**Have you ever volunteered at a VCH site?**

- **Yes**
- **No**

If yes, please indicate site, position, dates, etc. ____________________________

**Training / Skills / Education:**

_______________________________

_______________________________

_______________________________

**List any special interests, hobbies or experiences:**

_______________________________

_______________________________

**Why are you applying for a volunteer position with us, and what do you expect to gain from this volunteer experience?**

_______________________________

_______________________________

**Time**

- **Flexible?**
- **Yes**
- **No**

**Specific times available:** ____________________________

**How long can you commit yourself?**

- **6 months**
- **1 year**
- **Ongoing**
- **Other**

*Promoting wellness. Ensuring care. Vancouver Coastal Health Authority*
VOLUNTEER APPLICATION

VEHICLE INFORMATION: (if you will be driving for VCH)

Driver’s License # ____________________________ Expiry Date: ____________________________
License Class: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
***Please include photocopy of Drivers License with application.

Driver’s License Restrictions: ____________________________

Vehicle Colour, Make, Yea, License Plate: ____________________________

Passenger Capacity: ____________ Able to Transport Wheelchairs: ☐ Yes ☐ No

Available to drive: (please indicate those that apply)
☐ Local ☐ North Vancouver ☐ Vancouver ☐ Anywhere in the Lower Mainland

REFERENCES
Please list two references – people you have known for at least 12 months who are not related to you ie. employer, co-worker, teacher, coordinator of volunteers, etc.:
Please inform your references that they will be contacted.

Name: ____________________________ Email: (preferred) ____________________________
Relationship to you: ____________________________ Phone: ____________________________

Name: ____________________________ Email: (preferred) ____________________________
Relationship to you: ____________________________ Phone: ____________________________

It is required by law that all volunteers must submit to a Criminal Record check.
Do you consent? ☐ Yes ☐ No
Date of completed criminal record check: ____________________________

Signature of Volunteer: ____________________________ Date: ____________________________

Parent/Legal Guardian Consent (for applicants 16-18 years old)

I, ____________________________________________________________, give my child/ward permission to participate in the Volunteer Program at Vancouver Coastal Health.

Signature of Parent/Guardian: ____________________________ Date: ____________________________

How did you hear about volunteering at VCH? ☐ Cable TV ☐ Volunteer Centre ☐ Friend
Advertisement: ☐ Newspaper ☐ Poster ☐ Other: ____________________________

Thank you for applying to volunteer with Vancouver Coastal Health!