VOLUNTEER REGISTRATION

**VOLUNTEER POSITION:**  
- Child HLTH
- Flu Clinic
- Social
- Friendly Visit
- Other

**NAME:**  
- Male
- Female

**ADDRESS:**  
- Youth
- Adult
- Senior

**EMAIL:**  
(Answer above only)

**PHONE HOME:**  
**Work:**  
If you wish

You are not required to answer any questions that you do not feel comfortable with.

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

**If so, please describe:**

**VOLUNTEER EXPERIENCE:**

**TRAINING / SKILLS / EDUCATION:**

**OTHER INTERESTS:**

**HOW LONG CAN YOU COMMIT YOURSELF?**
- 6 months
- 1 year
- Ongoing
- Other

**TIME AVAILABLE TO VOLUNTEER (Please circle)**

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**Flexible?**  
- Yes
- No

**Specific Times Available:**

LOCATION:  
- Powell River
- Sunshine Coast
- Squamish
- Whistler/Pemb.

PROGRAM:  
- PHN
- CC
- MH
- Other

OTHER ____________________________
VEHICLE INFORMATION

Driver’s License # __________________________ Expiry Date: __________________________
License Class: 1 2 3 4 5
Driver’s License Restrictions: ________________________________
Vehicle Make and Year: ________________________________
Passenger Capacity: ____________  Able to Transport Wheelchairs: Yes □ No □
Insurance Expiry Date: __________________________

Available to drive: (please indicate those that apply)
Local □ North Vancouver □ Vancouver □

REFERENCES

Please list the names and telephone numbers of two personal references:

Name: ________________________________ Phone: __________________________
Name: ________________________________ Phone: __________________________

Do you consent to having your references checked? Yes □ No □

Date of completed criminal record check: __________________________

Signature of Volunteer: ________________________________
Date: __________________________

How did you hear about this volunteer position?

Cable TV □ Volunteer Centre □ Friend □
Advertisement: Newspaper □ Poster □
Other: __________________________

Home & Community Care
Home Care Services
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