



**YELLOWHEAD**  
COMMUNITY SERVICES

## Volunteer Application Form

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Languages Spoken: \_\_\_\_\_ Written: \_\_\_\_\_

Do you have a valid BC Driver's Licence: \_\_\_ Yes \_\_\_ No

Interests: \_\_\_\_\_

Work Experience: \_\_\_\_\_

\_\_\_\_\_

Educational Background: \_\_\_\_\_

\_\_\_\_\_

How did you hear about volunteer opportunities with Yellowhead Community Services? \_\_\_\_\_

\_\_\_\_\_

**Which volunteer role(s) are you most interested in? (Please Check)**

\_\_\_ Administrative \_\_\_ Community Kitchen \_\_\_ Soup Kettle \_\_\_ Special Events

\_\_\_ Fundraising \_\_\_ SB6 Activities \_\_\_ Youth Programs \_\_\_ Literacy Programs

\_\_\_ Safe Home Service Response    \_\_\_ Community Garden

\_\_\_ Other (Please Specify): \_\_\_\_\_

**Time Availability: (Please Check)**

| Day       | Morning | Afternoon | Evening |
|-----------|---------|-----------|---------|
| Monday    |         |           |         |
| Tuesday   |         |           |         |
| Wednesday |         |           |         |
| Thursday  |         |           |         |
| Friday    |         |           |         |
| Saturday  |         |           |         |
| Sunday    |         |           |         |

**Frequency of Availability (weekly, monthly etc.):** \_\_\_\_\_

**Personal References:** (other than family members)

1. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Do you consent to a Criminal Record Check?**    Yes \_\_\_ No \_\_\_

**Do you consent to signing a confidentiality declaration?** Yes \_\_\_ No \_\_\_

**Declaration**

*I certify that the facts set forth in this volunteer application are true and complete to the best of my knowledge. I understand that submitting my application does not guarantee my acceptance and I agree to participate in further screening to assist Yellowhead Community Services Society in determining my suitability for a volunteer position. I understand that any information I provide will not be released to any other organization without my written authorization being submitted to Yellowhead Community Services Society.*

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Please note: Volunteers will be contacted by the appropriate program manager to set up an interview.**