



# Volunteer Application Form

Thank you for your interest in volunteering your time at our organization. The following information will assist us in determining your interests and abilities for a prospective volunteer position, and provide other information required for administrative purposes. This application will form part of your volunteer profile.

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## Personal Information

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

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

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

How did you learn about our volunteer program? \_\_\_\_\_

## Occupation/Employment History

Are you employed?      Yes      No      Position: \_\_\_\_\_

Employer: \_\_\_\_\_ Business phone: \_\_\_\_\_

May we contact you at work?    Yes      No      Other work experience: \_\_\_\_\_

## Education/Training

If you are currently a student, please indicate: School: \_\_\_\_\_

Grade/Level: \_\_\_\_\_ Area of Study: \_\_\_\_\_

Please describe any recent training that may benefit your volunteer position : \_\_\_\_\_

## Skills and Abilities:

Please list any skills/experience that you bring to a volunteer position. Please elaborate.

- |  |  |                                     |   |
|--|--|-------------------------------------|---|
| <input type="checkbox"/> office support  | <input type="checkbox"/> web design        | <input type="checkbox"/> planning   | <input type="checkbox"/> fund raising     |
| <input type="checkbox"/> graphics        | <input type="checkbox"/> customer service  | <input type="checkbox"/> child care | <input type="checkbox"/> special events   |
| <input type="checkbox"/> second language | <input type="checkbox"/> retail experience | <input type="checkbox"/> financial  | <input type="checkbox"/> Board experience |

Other: \_\_\_\_\_



### Interests

Volunteer positions change according to program needs. If offered, which of the following areas would interest you most? Check all that apply.

- special events
- clerical
- technical support
- School-based programs
- Fronya (retail store)
- Free store
- translating
- children's programs
- other (please specify) \_\_\_\_\_

Do you hold a valid BC Driver's License? Yes No

Would you be willing to use your vehicle in the course of your volunteer work? Yes No

Please list any previous experience with volunteer work. \_\_\_\_\_

*\*SARA is unable to offer experience working directly with women in Transition House or Counseling programs*

### Screening

*Our organization seeks to protect participants, volunteers, employees and the community through appropriate screening measures. Police record checks are required for a number of positions involving children or youth.*

If requested, are you willing to submit to a police records check? Yes No

**Kp'cf f ksqp'vq'vj ku'cr r dec vqp'r rgcug'r t qxl f g'vy q'r gt uqpc rllgwgt u'qlht ghgt gpeg'y kj 'eqpvcv' lphqt o cvkqp0'**

You will be contacted for a personal interview and may be asked to attend Orientation /Training  
Please select your preferred times for meetings and training.

**F c{ u'''**

**Gxgplpi u''**

**Y ggngpf u**

Name: \_\_\_\_\_  
Signature Date

If under 19, please add name and signature of guardian Date

Please return to: "

SARA for Women, PO Box 3044, Mission BC, V2V 4J3 or drop  
off at #2 - 33070 Fifth Ave. Mission  
Phone: 604-820-8455 Fax: 604-820-8495  
www.saraforwomen.ca