



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

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ɔ'p'q't o' c'v'q'p'0'

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.

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Y ggngpf u

Name: _____
Signature Date

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

Please return to: "

Human.resources@saraforwomen.ca or at #102 - 33070 Fifth Ave. Mission
Phone: 604-820-8455 Fax: 604-820-8495
www.saraforwomen.ca