



BURNABY
COMMUNITY
SERVICES

VOLUNTEER APPLICATION

Today's Date: m _____ /d _____ /y _____

Volunteer Information

Name: Last _____ First _____ Male / Female (please circle)

Address: _____ City: _____ Postal Code: _____

Home Ph.: (____) _____ Cell: (____) _____ Work: (____) _____

Email: _____ FAX: _____

Please indicate in order (1,2,3) the best way to contact you. HOME WORK FAX EMAIL CELL

Have you volunteered with us before? Yes No If yes, when? _____

Additional Information

Date of Birth: M _____ /D _____ /Y _____

Languages Spoken (other than English): _____ (Please indicate fluency) _____

Employed / Retired (please circle one) Occupation (or former occupation): _____

Employer: _____ Employer Phone: (____) _____

Emergency Contact Information (this information must be provided)

Name: _____ Relationship to you: _____

Phone: _____ Cell Ph: _____ Email: _____

Volunteer Opportunities (Please indicate the area in which you are interested.)

Reception/Administration Burnaby Christmas Bureau Seniors Transportation Events

Availability: Please circle times at which you are available to volunteer

Mon AM Tues AM Wed AM Thurs AM Fri AM Weekends

Mon PM Tues PM Wed PM Thurs PM Fri PM

Driver and Vehicle Information (only necessary for those who will drive in their volunteer role)

Driver's License Number: _____ Expiration Date: _____

Car: Year / Make / Style: _____ Colour: _____

License Plate Number: _____ Liability coverage: 2 million 3 million (please circle one)

Please provide us with:

Copy of current vehicle insurance

ICBC Driver's Abstract - Phone: 604-661-2800, Email, go to: <http://www.icbc.com/contact-us>

Personal References: (Must be a "professional," i.e. Employer, Educator, Government Agency, Faith Organization Official, Colleague or Volunteer Coordinator. **No family members or friends.** Must speak and understand English.)

1. Name: _____ Relationship: _____ Years of Relationship: _____

Email: _____ Cell Phone: _____ Other Phone: _____

2. Name: _____ Relationship: _____ Years of Relationship: _____

Email: _____ Cell Phone: _____ Other Phone: _____

Signature of Applicant

Date

How did you hear about this volunteer opportunity? _____

Why are you interested in volunteering? _____

What are your special skills, interests or hobbies? _____

OFFICE USE:

Volunteer Position: _____ Volunteer start date: _____ Volunteer end date: _____

Received: Criminal Record Review ICBC Driver's Abstract

Interview complete date: _____ Interviewer: _____

Seniors Transportation Drivers:

Sparc pass number: _____ Sparc pass expiry date: _____

Sparc pass received date: _____

Sparc pass return request date: _____ Sparc pass return date: _____