

2021 Christmas Bureau Volunteer Application - Elves & Drivers

	(first) Address		(last	(home)		
Address _			Phone/			
		Postal Code		-	-	, ,
Birth Date		Other	· Languages			
Please be a	dvised that we req	uire all staff, volu	inteers & clients to	be fully va	ccinated to ente	er the toyroom.
BC Vaccine	BC Vaccine Passport:		Confirmed (Staff) Y N			
Availabilit	y: Please indicate	(circle/highlight)	times you are ava	ailable to vo	olunteer:	
Mon AM Mon PM	Tues AM Tues PM	Wed AM Wed PM	Thurs AM Thurs PM		Weekends Sat / Sun	
Have you v	olunteered for the	Christmas Burea	au before? Yes/No	o If so, whe	n?	
Would you	like to be contacte	ed next year to vo	olunteer? Yes/No			
Did you vol	unteer with a gro	up? If	so, who?			_
to pickup to						well as volunteer Drivers s in which you would be
Toy Room l	Elf Driver	Both				
Driver and Vehic	le Information					
Driver's License N	iver's License Number:			Expiration Date:		
Car: Year / Make /	ır: Year / Make / Style:			Colour:		
License Plate Num	nber:					
Please provide us	with:					
Copy of current	vehicle insuranc	e				
ICBC Driver's A	Abstract - ICBC D	river Testing and	Vehicle Informat	ion, Monda	y to Friday 8Al	M-5PM,
Call: 604.661.2	255. or Toll free:	888.715.7775 E	mail: http://www.i	cbc.com/cc	ntact-us	



Signature

Phone: _____ Relationship to you: _____ *Burnaby Community Services respects and upholds an individual's right to privacy. Your information/application will be maintained as confidential, secure records. In accordance with Burnaby Community Service's Privacy Policy, the personal information you provide will be used to process your application. We will not use or disclose this information for any additional purposes, unless we obtain consent from you to do so.

Date