



# Metchosin Seniors' Resource Centre

## VOLUNTEER APPLICATION FORM

Date of Application: \_\_\_\_\_ (Month/Day/Year)

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

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

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

Home Phone # \_\_\_\_\_ Mobile # \_\_\_\_\_

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

How did you hear about SRC and/or Better at Home? \_\_\_\_\_

Which volunteer positions are you interested in (check all the apply)?

Driver/Transport  Friendly Visits  Tech Assistance  Assist with Events

What is the date you are willing to begin volunteering? \_\_\_\_\_

Are you available on a regular basis? Please indicate below?                      YES                      NO





United Way helping seniors remain independent.



Please indicate your availability: # of hours Weekly: \_\_\_\_\_ # of hours Monthly: \_\_\_\_\_

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

Notes: \_\_\_\_\_  
\_\_\_\_\_

Why do you want to volunteer with SRC/Better at Home? How do you hope to benefit?

\_\_\_\_\_  
\_\_\_\_\_

List any previous or current volunteer experience:

Organization	Position/Responsibility	Dates of Volunteerism
--------------	-------------------------	-----------------------

\_\_\_\_\_  
\_\_\_\_\_

EMPLOYMENT/TRAINING BACKGROUND:

Employer:	Position/Responsibility	Dates of Employment
-----------	-------------------------	---------------------

\_\_\_\_\_  
\_\_\_\_\_





United Way helping seniors remain independent.



What experience, qualifications and skills do you bring to match this volunteer position?

---

---

Please list some of your interests and hobbies.

---

---

Do you speak/understand another language other than English? YES NO

Are you fully vaccinated for Covid? YES NO Do you get the flu shot? YES NO

REFERENCES: Please provide 2 references (not relatives) who have known you for at least 6 months. Please get permission from your reference for us to contact them.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

EMERGENCY CONTACT:

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

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





**INFORMATION CONSENT: Please read the following carefully before signing application.** By signing, I confirm that the information in this volunteer application is complete and true. I understand and agree that any omission or misrepresentation may be cause for refusal of volunteer placement. I understand that a police information check for the vulnerable sector is required for all volunteer positions. I authorize Metchosin SRC's Office Coordinator to contact the references listed and give permission to these references to release relevant information requested.

I also understand that by signing this volunteer application form, SRC will keep a record of my personal information on site and that it will remain confidential. I understand that this information may be disclosed to any party with legal and proper interest, and I release SRC, and the Better at Home program any liability whatsoever for supplying such information.

**ACKNOWLEDGEMENT of CONFIDENTIALITY:** I hereby acknowledge and confirm that all confidential information I gain in the course of my volunteering with SRC's Better at Home program or association with Pacific Centre Family Services Association (PCFSA), whether it be confidential to PCFSA, or to the clients being served through PCFSA, will remain in strict confidence during, as well as after, my volunteering or association with any of the listed agencies.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Coordinator Intake:** \_\_\_\_\_ **Date:** \_\_\_\_\_





United Way helping seniors remain independent.



**FOR OFFICE USE:**

**SRC NEW VOLUNTEER CHECKLIST**

**DATE completed**

**Volunteer Coordinator:** \_\_\_\_\_ **Intake:** \_\_\_\_\_

**Notes:**

\_\_\_\_\_  
\_\_\_\_\_

**General Application & Confidentiality Agreement:**

**Interview:**

**Reference Checks:**

**Screening Letter of Request:**

**Vulnerable Sector Check:**

**Driver's License (copy):**

**Driver's Abstract (copy):**

**Proof of Insurance/Liability Coverage (copy):**

**Orientation Forms:**

**Driver/Transport Guidelines:**

**Volunteer Coordinator:** \_\_\_\_\_ **Approved:** \_\_\_\_\_

