

Volunteer application

Section A - Personal information

First name* _____ Last name* _____

Pronoun he/him she/her they/them Current occupation* _____

Phone number* (____) _____ Email* _____

Address* _____ City* _____

Province* _____ Postal code* _____

Age group (for statistical purposes only)*

Under 19 19-24 25-36 37-49 50-64 65-74 74+

Section B - Skills, abilities, & interests

Area of volunteer interest*

Jeneece Place (Victoria) Q'walyu House (Campbell River) Events Office Other

If other, please specify _____

Why are you interested in volunteering?*

Have you volunteered before?* Yes No If yes, please briefly describe your experience & role:

What do you hope to get out of this experience?* Please describe any particular skills, special interests, or experience that you would like us to know about.

Section C – Availability & work environment

What are your preferred volunteer times*

Weekdays (daytime) Weekdays (evenings) Weekends Other: _____

How often would you like to volunteer?*

Weekly Bi-weekly Monthly Special events One-time Other: _____

What is your preferred volunteer environment?*

Working alone Working with a group or partner Either working alone or in a group

Please describe any physical limitations you would like us to be aware of (if applicable):

Please list any spoken languages other than English:

How did you hear about us? *

What is your preferred method of being recognized?

Appreciation event Small appreciation gift Informal thank you Other

If other, please specify _____

Notes

- Please note, some volunteer roles may require a criminal record check including a vulnerable sector check. We will notify you if this is a requirement.
- Please note, parental/guardian consent will be required for those under the age of 19. Some volunteer roles have a minimum age requirement – more follow up may be required depending on the role.

Section D – Emergency contact information & references

Emergency contact*

First name* _____ Last name* _____

Relationship to you* _____ Phone number* (____) _____

Reference 1*

First name* _____ Last name* _____

Relationship to you* _____ Phone number* (____) _____

Reference 2

First name _____ Last name _____

Relationship to you _____ Phone number (____) _____

Section E – Terms & conditions

- I understand that my acceptance as a volunteer with Children's Health Foundation of Vancouver Island will be at the discretion of the Foundation.
- I recognize that participation as a volunteer cannot be guaranteed.
- I understand and agree that any omission or misrepresentation may be cause for refusal of volunteer placement.
- I consent to a criminal record check (only for certain positions such as working in the homes or with vulnerable populations – we will notify you prior to conducting a check if it is required)
- I acknowledge and confirm that all confidential information I gain through the course of my volunteering with CHFVI will remain in strict confidence, during and after my volunteering with those agencies. I will respect confidential information that I am given regarding the organizations and persons involved, including clients, volunteers, donors, staff, and others.
- Children's Health Foundation of Vancouver Islands collects information from you for the purpose of providing volunteer services. The information collected is treated as confidential and is only disclosed for the above purpose. I give consent to use the information as specified above.
- I consent to having my references contacted (only for certain positions) & emergency contact (if needed)

___ I have read and agree with these guidelines*

Name (print)* _____ Signature* _____

Date* ____/____/____

Photo consent*

___ Yes ___ No I consent to CHFVI taking and using photos or video footage of myself to be used in public facing communications promoting the organization (e.g., on social media and digital or printed materials).