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 Kamloops, BC V2B 3J3
 Telephone(250) 554-3134
 Facsimile: (250) 376-3040
 Email: adm@interiorcommunityservices.bc.ca

VOLUNTEER APPLICATION FORM

Date: _____

Name: _____

Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Email Address: _____ **Cell Phone:** _____

Telephone: (Home) _____ **(Work)** _____

Contact in Emergency: _____ **Telephone:** _____

In which volunteer role(s) are you most interested? (Please check)

Administrative Duties
 Landscaping
 Childminding
 Special Events
 Community Kitchens/Gardens
 Social Interaction with Adults with disabilities
 Meals on Wheels
 Baby's Head Start
 Youth Programs

Time Availability: (Please check)

DAY	MORNING	AFTERNOON	EVENING
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Time Commitment:
 3 Months
 6 Months
 1 Year
 1 to 3 Years

Languages Spoken: _____ **Written:** _____

Do you have access to a vehicle?:
 Yes _____
 No _____
 Class _____

Interests or Hobbies: _____

Special training or skills: _____

Educational background: _____

Previous volunteer experience: _____

Work experience: _____

Describe your reasons for wanting to volunteer for Interior Community Services?

Personal References: (other than family members)

1. Name _____ Telephone _____

2. Name _____ Telephone _____

Do you consent to a Criminal Record Check? Yes No

Declaration

I certify that the facts set forth in this volunteer application are true and complete to the best of my knowledge. I understand that submitting my application does not guarantee my acceptance and I agree to participate in further screening to assist Interior Community Services in determining my suitability for any volunteer position. I also understand that any information I provide on this form will not be released to any other organizations or persons without my authorization.

Signature

Date