

**VOLUNTEER APPLICATION
NEW VISTA SOCIETY**

7550 Rosewood Street
Burnaby, BC V5E 3Z3
(Tel) 604-521-7764 (Fax) 604-527-6001



C O N T A C T I N F O	LAST NAME: _____ FIRST NAME: _____
	ADDRESS: _____ CITY: _____
	POSTAL CODE: _____ PHONE: _____
	EMAIL: _____ FAX/CELL/PAGER: _____
	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> AGE GROUP: 13-18 <input type="checkbox"/> 19-26 <input type="checkbox"/> 27-45 <input type="checkbox"/> 46-64 <input type="checkbox"/> 65-74 <input type="checkbox"/> 75 + <input type="checkbox"/>
	CONTACT in CASE of EMERGENCY: _____
	PHONE: _____ RELATIONSHIP: _____

1. SKILLS

- (a) Education: _____ If student, where? _____ Grade/Subject: _____
- (b) Past/Present Volunteer or Work Experience: _____

- (c) Hobbies/Skills/Interests: _____
- (d) Is English your first language? YES NO Other languages spoken: _____

2. AVAILABILITY

(a) Please indicate what days suit your schedule for volunteering

- | | | | |
|------------------|----------------------------------|------------------------------------|----------------------------------|
| Monday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| Tuesday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| Wednesday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| Thursday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| Friday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| Saturday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| Sunday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |



- (b) How many hours per week are you able to volunteer? _____
- (c) Date available to start: _____ (Month, Day, Year)
- (d) Today's date: _____ (Month, Day, Year)

3. PREFERENCES

(a) Is there a particular type of volunteer work in which you are interested? (Please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Visiting one-to-one with residents | <input type="checkbox"/> Clerical Support (phoning, sorting, stuffing envelopes) |
| <input type="checkbox"/> Computer Tutor | <input type="checkbox"/> Boutique Cashier - Mon, Weds, Fri, Sat 12:15-3:45pm |
| <input type="checkbox"/> Music Helper | <input type="checkbox"/> Bus Trip Driver and/or Bus Trip Assistant (circle) |
| <input type="checkbox"/> Exercise / Rehab/ Tai Chi Helper | <input type="checkbox"/> Sunday Church Helper - 2:30-4:00pm |
| <input type="checkbox"/> Animal Care (Birds & Cats) | <input type="checkbox"/> Bingo Buddy - Mon, Weds, Sat 1:15-3:30pm |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Art Therapy Helper - Tues, Thurs 1:00-4:00pm |
| <input type="checkbox"/> Writing for Newsletter | <input type="checkbox"/> Entertainer - Skill: _____ |
| <input type="checkbox"/> Happy Hour - Thurs 3:00-5:00pm | <input type="checkbox"/> Other: _____ |

(b) Are you willing to make a 4-month commitment? Yes No

(c) Do you have any other information you would like to add? _____

4. BACKGROUND VERIFICATION

(a) Have you ever been convicted of a criminal offense? Yes No

(b) Please list two non-family references whom we may contact (i.e., one personal and one business, school or volunteer related)

Name: _____ Telephone: _____

Name: _____ Telephone: _____

If under age 16: I _____ give my permission for my child _____
 (parent's name)

to volunteer for the New Vista Society and join the New Vista V's Volunteer Auxiliary.

 Signature of Parent

 Date (Month, Day, Year)

FOR OFFICE USE ONLY Nametag _____ CRS _____ Orientation Date _____

Tracking Form _____ Email List: _____ Data Entered in Computer: _____

	Job Title	Supervisor	Start Date	Day	Frequency	Times
1.						
2.						
3.						

Comments: