

VOLUNTEER APPLICATION

Revelstoke Senior Citizens' Association
603 Connaught Avenue - P.O. Box 2415
Revelstoke, BC V0E 2S0
(250) 837-9456 email: revelstokeseniors@rctvonline.net

This application will be used to establish your eligibility as a volunteer for the Revelstoke Senior Citizens' Association – Volunteer Programs. The information you provide helps us assure you, this organization and the public that the highest standards of safety and accountability are maintained. We appreciate your cooperation and interest in our Volunteer Programs. Please return your completed application to the Volunteer Coordinator at the Seniors Center.

All applicants must read and sign.

Full Name: _____

Address: _____

Phone: _____ **Cell Phone:** _____

E-mail: _____

Are you 19 years of age or older? Yes ___ No ___

Emergency Contact: Name: _____ Phone: _____

What previous volunteer experience have you had? _____

What languages do you speak? English ___ Other _____

Do you have any health concerns that may affect your volunteer work? Yes ___ No ___

If yes, please explain:

Reason for volunteering? _____

Please list your interests or skills: _____

Please indicate what program/programs you wish to volunteer with:

Volunteer Medical Transportation		Computer Tutoring	
Helping Hands Shopping			

Please indicate the times that you would be available to volunteer:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							
Spring							
Summer							
Fall							
Winter							

References:

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Relationship: _____

Relationship: _____

Email: _____

Email: _____

PLEASE COMPLETE IF VOLUNTEERING AS A DRIVER:

Do you have a valid BC Driver's License?

Yes _____ No _____

If no, please explain:

Do you have any objection to submitting a Drivers Abstract?

Yes _____ No _____

If yes, please explain:

Do you have valid BC vehicle insurance?

Yes _____ No _____

Do you have a pet / pets that travels in your vehicle?

Yes _____ No _____

Please indicate what driving assignments you would be willing to participate in:

(Please check all you are willing to accept)

_____ Community (in town only for medical appointments/pharmacy or to special events or programs)

_____ Out of Community (out of town, long distance medical appointments only)

- I hereby declare that the information given by me in this volunteer application is true, correct and complete to the best of my knowledge.
- While serving as a volunteer with the Revelstoke Senior Citizens Association, I understand that all information regarding clients, volunteers, donors, staff or others involved (obtained in writing or in any other way) is to be held in the strictest of confidence.
- I also understand that as a representative of this Association I will conduct myself in a lawful and respectful manner, ensuring the safety and dignity of the clients.
- I authorize contact of listed references.
- I authorize the Volunteer Coordinator to conduct a Criminal Background check.
- I understand that all services are on a 'volunteer' basis and I do not expect payment. (Volunteers with the Transportation Program however, will receive compensation for fuel expenses and vehicle wear and tear for out of town drives only.)
- I understand that I am volunteering at my own risk.

Signature: _____

Date: _____

* * * * *

For Office Use Only:

Interview Date: _____

Interviewed by: _____

Acceptance Date: _____

RCMP Criminal Background Check: _____

Orientation/training Date: _____

DRIVERS:

Copy of License: _____ **Copy of Insurance:** _____

Drivers Abstract: _____

Comments: