



1415 Cliffe Avenue, Courtenay, BC V9N 2K6
Ph: 250-338-7575 Fax: 250-338-2343

GENERAL INFORMATION

Name _____

Home Address _____

Home Phone _____ Cell Phone _____

Email: _____

Emergency Contact (name & phone number): _____

Type of Volunteer Position Sought

- There is a separate application to be on our Board: contact the Executive Director at 250-338-7575 for a copy

___ Healthy Families: Babies and Parents

___ Teens/Youth

___ Special Events

___ Other: _____

INTERESTS AND SKILLS

Areas of Interest, hobbies:

Special skills, training, education etc.:

Why do you want to volunteer for our agency?

Do you have a driver's license and car insurance Yes No

Do you have a car available for running any errands for a program? Yes No

Note: The agency will cover mileage costs

Do you have a current first aid certificate? Yes No

Do you consent to a Criminal Record Check Yes No

What TIMES would you be available?

___ Anytime ___ Daytime ___ Evening ___ Weekdays ___ Weekends

Are there any particular days/times you are not available? _____

REFERENCES

Please list people who know you well and can attest to your character, skills, and dependability. Include your current or last employer if applicable.

Name/Organization	Relationship	Contact/Phone number

Agreement and Signature: I understand that information contained on my application will be verified by CVFSA. I understand that misrepresentations or omissions may be cause for my rejection as an applicant for a volunteer position with CVFSA or my termination as a volunteer. This application serves as my notice that I wish to volunteer for CVFSA.

Signature _____ Date _____

Thank you for completing this form. You may fax this form to: 250-338-2343 or email to info@cvfsa.org or drop off in person at: 1415 Cliffe Avenue, Courtenay, BC (Monday to Friday 9 am to 4 pm- closed stats)