

Volunteer Application Form

Personal:

Name: _____

Address: _____ **Postal Code** _____

Home phone: _____ **Business phone:** _____

Fax Number: _____ **E-mail:** _____

Volunteer Opportunities: What would you like to Volunteer for?

Please check all that apply.

Active Living Programs:

Social Club _____ Youth Club _____

Bowling Group _____ Wheelchair Curling _____

Tuesday Night Fitness Club _____

Cards Group _____

Office Support Services _____ **Info/Fundraising** _____

Board of Directors _____ **Camp** _____

Other (please specify) _____

Education and Employment - what are you doing now?

Are you attending school or taking any courses? Yes _____ No _____

If so, where? _____ What is your field of study? _____

Are you presently employed? Yes _____ No _____

If so, where? _____ How long? _____

What is your position there? _____

Do you have any special training / work skills or other work experience relevant to your volunteer interest with us? (i.e. sign language, workshops, Class 4 license) If you do, please tell us about them.

Has your education or employment included learning about and/or working with people with disabilities? If yes, please tell us about it _____

Do you have a driver's license? Yes _____ No _____ Access to a vehicle? Yes _____ No _____

Do you have any disabilities or illnesses, which might affect your ability to volunteer in some areas? Yes _____ No _____ If yes, please explain:

(Please note: We welcome applications from volunteers with disabilities)

Interests: What do you enjoy doing?

What outdoor activities do you enjoy?

What indoor activities do you enjoy?

What sports do you enjoy? (either watching or playing)

Please list any other interests / hobbies you enjoy.

Volunteer Experience: What have you done in the past?

Please list any previous volunteer training or experience you have related to the position you are applying for.

Do you currently belong to any other community organizations? Yes ____ No ____

If yes, who are they and what is your position there? _____

Have you previously done volunteer work with people with disabilities? Yes ___ No ___
If yes, please tell us about it.

How did you hear about People In Motion?

Why did you decide to apply to volunteer here? _____

Is there anything else that you want us to know about you and/or your skills and experience?

Which days are most convenient for you to volunteer?

Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat ___ Sun ___

What are your preferred hours to volunteer?

Daytime - mornings _____ afternoons _____ Evenings _____

What kind of commitment are you prepared to make?

six months? _____ one year? _____ other? _____

References: Who do you know, and who knows you?

Please give us the names of four people who know you well. Two of these should be work or volunteer related, and two may be personal. Please do not list more than one relative.

1) Name _____ Phone _____
Relationship to you _____

2) Name _____ Phone _____
Relationship to you _____

3) Name _____ Phone _____
Relationship to you _____

4) Name _____ Phone _____
Relationship to you _____

People In Motion conducts Criminal Record Checks on volunteers, depending on the volunteer position applied for. These checks are done after the Volunteer Interview once we have assessed your suitability for a position and where we have a position open.

Are you willing to undergo a Criminal Record Search? Yes ____ No ____

Is there anything we should be aware of? Yes ____ No ____

If yes, please provide some details - date, charge, etc. _____

Consent

I am interested in becoming a volunteer with People In Motion. I understand all information, verbal or written, that I give to People In Motion is confidential. I give my permission to have this information verified. I further understand that People In Motion is under no obligation to accept me as a volunteer, and if I am not accepted, no reason need be given. Furthermore, I acknowledge that my file, and all information contained therein, is the property of The Kamloops & District Society for People In Motion.

Full Name: _____

Date: _____ Signature: _____

<u>For Office Use Only</u>		
Police Check:	Yes _____	No _____ Date _____
Reference Checks	Yes _____	No _____ Date _____
Interview Date:	_____ Starting Date: _____	