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Volunteer Application Form

Name: _____

Address: _____ Postal Code _____

Home phone: _____ Cell/Business phone: _____

E-mail: _____

Volunteer Opportunities: What would you like to Volunteer for?

Please check all that apply.

Active Living Programs:

Adult Social Club	_____	Youth Club	_____
Tuesday Night Fitness Club	_____	Bowling Group	_____
Summer Youth Rec. Program	_____	Summer Fun Bowling	_____
Walk and Roll Club	_____	Basic Cooking	_____

Office Support Services	_____	Info/Fundraising	_____
Cedar Creek Camp	_____	IT Support	_____

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.

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)

Volunteer Experience: What have you done in the past?

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

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 _____

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

Please give us the names of three people who know you well. Two of these should be work or volunteer related, and one 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 _____

People In Motion conducts Criminal Record Checks on volunteers, depending on the volunteer position applied for.

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: _____

For Office Use Only

Police Check: Yes _____ No _____ Date _____

Reference Checks Yes _____ No _____ Date _____

Interview Date: _____ Starting Date: _____