



Volunteer Application Form

South Burnaby Office:
4460 Beresford St.,
Burnaby, B.C. V5J 0B8
Tel #: 604-431-0400

North Burnaby Office:
4463 Hastings Street,
Burnaby, B.C. V5C 2K1
Tel #: 604-294-5444

For Office Use Only:
Interviewed by: _____
Security Check Result: _____
Date: _____
Reference Check: _____
Placement: _____
Comments: _____

First Name: _____ Last Name: _____

Sex: _____ Phone #: _____

Cell #: _____ Address: _____

City: _____ Postal Code: _____

Email Address: _____

Emergency Contact:

Name: _____ Day Phone #: _____

Family Doctor: _____ Phone #: _____

Education:

Elementary: _____ Secondary: _____ (Grade _____) Post-Secondary: _____

Languages you are fluent in:

Speak: _____

Read/Write: _____

Employment (if applicable)

Company: _____ # years: _____ Address: _____

Postal Code: _____ Name of Supervisor: _____ Phone #: _____

References:

1) Name: _____ Phone #: _____

Relationship (Friend, Co-Worker, Employer etc.) _____

Please Turn Over



If you've only been in the country less than 1 year please provide a second reference

2) Name: _____ Phone #: _____

Relationship (Friend, Co-Worker, Employer etc.) _____

➤ Past or Present Volunteer Service: _____

➤ Interests, Hobbies, Skills: _____

➤ Volunteer position(s) you are applying for: _____

➤ Available which days & times: _____

➤ Why would you like to volunteer with the BNH? _____

➤ Do you have any health problems (allergies, diabetes, etc.) or restrictions which might require attention/observation? If so please specify:

➤ Do you have any special certification (first aid, class 4, etc) that will be useful to your position? If so what is it and when does it expire?

➤ Please Check The Box(es) For The Area(s) You Would Like To Volunteer At:

North Burnaby Location:	<input type="checkbox"/>	South Burnaby Location:	<input type="checkbox"/>
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Signature: _____ Date: _____

Youth Applicants: (if you are under 19 years old, please have your parent/guardian sign below)

I, _____, grant permission for my son/daughter named above to
(please print name)
volunteer with the Burnaby Neighbourhood House, and agree to assume all financial responsibility in case of injury or accident in connection with his/her volunteer assignments.

Signature: _____ Date: _____

For Office Use Only:

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