



Family Services
of Greater Vancouver

Strengthening people. Strengthening communities.

VOLUNTEER ENROLLMENT FORM

Please fax completed form to the number indicated by the volunteer posting

DATE:

VOLUNTEER POSITION:

Name:

Email:

Address:

City:

Prov:

Postal Code:

Phone (C):

Phone (H):

Emergency Contact:

Phone:

How did you hear about us?

FSGV Web Site

Volunteer Centre

Friend

School

Other:

SKILLS AND INTEREST:

Education background:

Current occupation:

Hobbies, skills, interest:

Previous volunteer experience:

What do you hope to gain by volunteering? What are your main strengths as a volunteer?

PREFERENCES IN VOLUNTEERING:

Is there a particular type of volunteer work in which you are interested? *Please check all that apply*

<input type="checkbox"/>	Working one-on-one with a single client	<input type="checkbox"/>	Occasional Work on group projects
<input type="checkbox"/>	Working directly with a staff person as an assistant	<input type="checkbox"/>	Providing service to several clients
<input type="checkbox"/>	Helping around the office in general admin	<input type="checkbox"/>	No Preference
<input type="checkbox"/>	Doing research, training or an individual project	<input type="checkbox"/>	Other:

Is there a person or group with whom you are particularly interested in working? *Check all that apply*

<input type="checkbox"/>	Adults	<input type="checkbox"/>	People with disabilities	<input type="checkbox"/>	Men
<input type="checkbox"/>	Teens	<input type="checkbox"/>	Agency staff	<input type="checkbox"/>	No preference
<input type="checkbox"/>	Children	<input type="checkbox"/>	Women	<input type="checkbox"/>	Other:

AVAILABILITY: *Check all that apply*

	Mon	Tues	Wed	Thur	Fri
AM: 9am - Noon					
PM: 1- 4pm					

Do you have a geographic preference as to where you do volunteer work? No Yes
If yes, where:

Do you have access to an automobile you can use for volunteer work? No Yes

BACKGROUND VERIFICATION:

Have you ever been convicted of a criminal offence? No Yes

Have you ever been charged with neglect, abuse or assault? No Yes

Do you have any physical limitations or are you under any course of treatment which might limit you to perform certain types of work? No Yes

List the names of two (2) non-family references whom we might contact:

Reference #1: _____ *Phone:* _____

E-Mail: _____

Reference #2 _____ *Phone:* _____

E-mail: _____

For Office Use Only: Date Application Received:
Volunteer Interviewed by: