

North Shore Volunteers for Seniors 275 - 21st Street, West Vancouver, BC V7V 4A5 604-922-1575 www.nsvs.ca

APPLICATION TO VOLUNTEER

The information you provide will help us find the most satisfying and appropriate volunteer experience for you. *All information will remain confidential*.

PERSONAL INFORMATION	Date:			
First Name:	Last Name:			
□ Male □ Female □ Other	Pronouns:			
Birth date :(optional)				
Address:		_ Posta	al Code:_	
Phone: Home: V	Vork:	_ Cell:		
E-Mail Address:				
Languages spoken:				
Current BC Driver's License? Yes	□ No □ Access to	a car?	Yes 🗆	No 🗆
Are you currently employed? Yes	□ No □ Looking f	or work	? Yes	No 🗆
If employed, what is your current job?				
Employer:		Full-1	time 🗆 Pa	art-time 🗆
Previous or Current Volunteer Experie				
Special Skills or Training:				
Interests/Hobbies:				

How did you hear about North Sho	ore Volunteers for Seniors?
_Volunteers can be involved in ma	any areas. Please indicate which areas interest you.
DROP-IN CENTRE	
☐ Lunch Preparation and Serving	
☐ Tea Preparation and Serving☐ Nordic Walking Aide	
☐ Special Events (seasonal)	
When are you available? (Cent ☐ Monday time: ☐ Tuesday time:	
□ Wednesday time:□ Thursday time:□ Friday time:	
How many hours a week or mor	nth do you want to volunteer with us?
	ou make? (e.g. 6 mos/1 year)
now long a communicate can yo	
Please give 2 references (people least 2 yrs .e.g. employer, co-work	e who are not related to you & have known you for at ker, friend)
Name:	_ Position:
Tel:	
	_ Position:
Tel:	_
	orking with seniors, we do require a criminal y you) in order to place you in a volunteer role.
Volunteer Applicant's Signature: _	·····
Date:	