



Operated by Seniors Outreach Services Society

115-2065 Benvoulin Court
 Kelowna, BC V1W 0A5
 Phone: (250) 861-6180
 Fax: (250) 861-6153
 Email: volunteer@seniorsoutreach.ca

OFFICE USE ONLY. RECEIVED:

VOLUNTEER APPLICATION FORM

Thank you for your interest in volunteering with us! Volunteers are very important to our organization's mission to enhance the lives of older adults in our community. All volunteer applications are reviewed with consideration to fit for available positions, skill set, and reference checks. The steps to becoming a volunteer are as follows:

- | | |
|---|--------------------------|
| 1. Submit Application Form | 4. Criminal Record Check |
| 2. Interview with Coordinator of Volunteer Programs | 5. Volunteer Training |
| 3. Reference Checks | 6. Potential Placement |

Please submit completed form by email or fax (see above) or phone Seniors Outreach to drop off application in person.

APPLICANT CONTACT INFORMATION

Name:	Emergency Contact:
Address:	Relationship to you:
	Emergency Contact Phone:
Phone:	Languages Spoke:
Email:	Do you smoke? YES / NO
Date of Birth:	Valid Driver's License? YES / NO

VOLUNTEER OPPORTUNITIES

Please check any that you would like to be considered for.

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Friendly Visitor | <input type="checkbox"/> Handyperson | <input type="checkbox"/> Grocery Shopping |
| Please specify what you prefer: | | |
| <input type="checkbox"/> In-home visiting | <input type="checkbox"/> Snow Removal | <input type="checkbox"/> Packing & Sorting |
| <input type="checkbox"/> Social Outings | | |

Are you willing to work with a person who: Has pets? **Yes / No** Smokes? **Yes / No**

WORK EXPERIENCE

Alternatively, you may attach a current resume

Employer:		Position/Title:	
Start Date:		End Date:	
Duties:			
Employer:		Position/Title:	
Start Date:		End Date:	
Duties:			

PREVIOUS VOLUNTEER EXPERIENCE			
Organization:		Position/Title:	
Dates of Involvement & Duties:			
Organization:		Position/Title:	
Dates of Involvement & Duties:			
How did you hear about volunteering with Seniors Outreach & Resource Centre?			
Why do you want to volunteer with Seniors Outreach & Resource Centre?			
What skills and personal characteristics would you bring to our organization?			
REFERENCES			
Please provide three references who are unrelated to you.			
1 st Reference Name:		Phone:	
Relationship:		Email:	
2 nd Reference Name:		Phone:	
Relationship:		Email:	
3 rd Reference Name:		Phone:	
Relationship:		Email:	

Please read carefully before signing:

I verify that the information provided in this application is accurate and true. I also understand that volunteering with Seniors Outreach Services Society is dependent on acceptable results from criminal record checks and reference checks. While every attempt is made to secure the volunteer position that is desired, Seniors Outreach Services Society maintains the authority to decide the placement of volunteers. I voluntarily authorize the above noted reference and record checks, and release all persons requesting or providing such information from all liability or responsibility.

Signature

Date

Personal Information Protection Act and Freedom of Information and Protection of Privacy Act

Personal information you provide to Seniors Outreach Services Society will not be used, shared, or distributed in any way with other organizations or entities without your consent. It will be used only for the purposes for which it was collected, which is specifically and solely related to your role as a volunteer with Senior Services Outreach Society.