

# LANGLEY SENIOR RECREATION & RESOURCE CENTRE

## VOLUNTEER SERVICES APPLICATION

Date: \_\_\_\_\_

Name: (Mr./Mrs./Ms./Miss): \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City Postal Code*

Date of Birth: \_\_\_\_\_ (mm/dd/year) Email: \_\_\_\_\_

List the Volunteer assignments (areas) you are interested in: ( see attachment)

1) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_

Have you volunteered before? Yes \_\_\_ No \_\_\_ Where? \_\_\_\_\_

Special interests or previous work experience \_\_\_\_\_

Other organizations you belong to: \_\_\_\_\_

I have had a tour of LSRC Yes \_\_\_ No \_\_\_

Languages spoken other than English: \_\_\_\_\_

Available Days:

<b>AM</b>	<i>M</i>	<i>T</i>	<i>W</i>	<i>T</i>	<i>F</i>	<i>S</i>	<i>S</i>
<b>PM</b>	<i>M</i>	<i>T</i>	<i>W</i>	<i>T</i>	<i>F</i>	<i>S</i>	<i>S</i>

In case of emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**References:**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Why do you want to volunteer? What do you hope to get from this volunteer position?

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If accepted as a volunteer, will you be able to commit to a weekly shift of 2 – 4 hours?     Yes         No

**Commitment to program:**

3 months         6 months         one year         indefinitely

***Some of our programs require a police check and/or drivers abstract.***

I am willing to abide by the rules of the Langley Senior Recreation & Resource Centre and will keep confidential any personal information.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

*Positions of Interest:*

KITCHEN \_\_\_ MAINTENANCE \_\_\_ FRONT DESK \_\_\_ OUTREACH \_\_\_ DAY CARE \_\_\_ HOST/HOYESS \_\_\_ SPECIAL EVENTS \_\_\_

Start Date: \_\_\_\_\_ Area: \_\_\_\_\_

Volunteer Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_