



Langley Senior Resources Society
 20605 - 51B Avenue Langley, BC V3A 9H1
 Phone: 604 530 3020 Fax: 604 532 1320
 Email: info@lsrs.ca Website: www.lsrs.ca

RCMP:
 TRAINING:
 INTERVIEW:
 INSURANCE:
 ABSTRACT:

Volunteer Application

Contact Information:

DATE:

Name:	
Street Address:	
City:	Province: Postal Code:
Home Phone:	
Work Phone:	
Cell Phone:	
E-Mail Address:	
Date of Birth: (Volunteers must be over the age of 16 years)	
Do you have any allergies?	
Do you speak any other languages?	
Person to contact in an emergency.	Name :
	Home phone: Work phone:
	Cell phone:
Have you volunteered anywhere else? Please list.	
Please describe any special skills you bring to your volunteering.	

Availability

How many hours a week would you like to volunteer? _____

Are there any specific times you are NOT available? _____

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
9 am-noon							
Noon – 4 pm							
Evening							

Volunteer Opportunitites I'm interested in...

Please tick off all those that interest you.

<input type="checkbox"/>	Ambassador	<input type="checkbox"/>	Greeter	<input type="checkbox"/>	Café helper	<input type="checkbox"/>	Front Desk	<input type="checkbox"/>	Table Setter
<input type="checkbox"/>	Friendly Visitor	<input type="checkbox"/>	Senior Reader	<input type="checkbox"/>	Café cash	<input type="checkbox"/>	Tuk Shop	<input type="checkbox"/>	General
<input type="checkbox"/>	Driver/Shopper	<input type="checkbox"/>	Social Host/ess	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Price/sort	<input type="checkbox"/>	Bus Driver
<input type="checkbox"/>	Telephone Buddy	<input type="checkbox"/>	Office Assistant	<input type="checkbox"/>	Gardening	<input type="checkbox"/>	Special events	<input type="checkbox"/>	Healthy Living Bag

A bit about you: This information helps to match you up with the best volunteer experience possible.

Where were you born?	
How long have you lived in Langley?	
What are your hobbies and interests?	
What other organizations in the community do you belong to? (church, clubs,etc)	
Why do you want to volunteer?	
Anything else?	

Additional Documentation:

Part of the volunteer application process involves completing a criminal record check. Please pick up a form from the volunteer coordinator or instructions on how to complete an on-line application. An interview will be scheduled with you and orientation training is available a couple of times a year. Anyone who will be driving seniors must provide a Driver’s Abstract from DMV and proof of a class 5 driver’s license and adequate vehicle insurance. Bus drivers require a Class 4 license.

Policy:

It is the policy of this organization that volunteers sign a code of conduct and confidentiality agreement.

Thank you for your willingness to volunteer. The Director of Volunteer Services will be in touch as soon as possible.

Signature: _____

Date: _____

