

## Volunteer Application Form

### Contact Information

Name	
Home Address	
Mailing Address	
Phone(s)	Home: _____ Cell: _____
Email address	
Preferred method of communication	<input type="checkbox"/> Home phone <input type="checkbox"/> Work phone <input type="checkbox"/> Cell <input type="checkbox"/> E-mail
Best time to call	
Preferred volunteer location(s)	<input type="checkbox"/> Squamish <input type="checkbox"/> Whistler <input type="checkbox"/> Pemberton <input type="checkbox"/> Mt. Currie *Mileage is covered for volunteers travelling between communities

### Person to Notify in Case of Emergency

Name	
Relationship to self	
Phone(s)	Home: _____ Other/Cell: _____

### 1. How did you find out about the Sea to Sky Better at Home volunteer programs?

- Agency                       Information Display                       Volunteer Centre or Internet  
 School                         Friend/Family                               Newspaper  
 Employment Centre       TV/Radio                                       Employer  
 Other (please specify): \_\_\_\_\_

### 2. Do you have any previous volunteer experience? If yes, please describe.

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### 3. Do you have any previous experience working with seniors or are you a senior? If yes, please describe.

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4. Please list your hobbies, skill and special interests that may contribute to your role.

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5. Do you speak languages other than English? If yes, which ones?

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### Availability

Please note your availability and the volunteer position you would be interested in, if known:

Transportation to Appointments (TA)

Simple Home Repairs (SHR)

Friendly visiting (FV)

Yard work (YW),

Snow shoveling (SS)

Grocery shopping (GS)

Day	Morning	Afternoon	Flexible	Comments
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Most volunteer shifts will take one - two hours.

If you want to be a volunteer driver, please fill out the driver form as well.

### Agreement and Signature

I understand that this application requires a criminal record check and references checks. I agree to comply with these requirements.

Name (printed)	
Signature	
Date (mm/dd/yyyy)	

Thank you for completing this application form and for your interest in volunteering with us.

We will be in touch with all applicants. If you have any further questions or concerns please contact us at 604 892 5796, ext. 272 or toll free at 1-877-892-2022 or betterathome@sscs.ca