



BEACON COMMUNITY SERVICES

Volunteer Application

<p>Date: <input style="width: 100%;" type="text"/></p> <p>Title: <input style="width: 100%;" type="text"/></p> <p>Last Name: <input style="width: 100%;" type="text"/></p> <p>First Name: <input style="width: 100%;" type="text"/></p> <p>Known As: <input style="width: 100%;" type="text"/></p> <p>Middle Initial: <input style="width: 100%;" type="text"/></p> <p>Gender (M/F) <input style="width: 100%;" type="text"/></p> <p>Street: <input style="width: 100%;" type="text"/></p> <p>City: <input style="width: 100%;" type="text"/></p> <p>Prov/State: <input style="width: 20%;" type="text"/> PC/Zip: <input style="width: 20%;" type="text"/></p> <p>Birth Date: <input style="width: 100%;" type="text"/></p> <p>Email: <input style="width: 100%;" type="text"/></p>	<p>Phone Type: Area Code/Number:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Home</td><td><input style="width: 100%;" type="text"/></td></tr> <tr><td>Work</td><td><input style="width: 100%;" type="text"/></td></tr> <tr><td>Extension</td><td><input style="width: 100%;" type="text"/></td></tr> <tr><td>Cell</td><td><input style="width: 100%;" type="text"/></td></tr> <tr><td>Pager</td><td><input style="width: 100%;" type="text"/></td></tr> <tr><td>Fax</td><td><input style="width: 100%;" type="text"/></td></tr> </table> <p>2nd Language: Write/Speak:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>French</td><td><input style="width: 100%;" type="text"/></td></tr> <tr><td>Spanish</td><td><input style="width: 100%;" type="text"/></td></tr> <tr><td>German</td><td><input style="width: 100%;" type="text"/></td></tr> <tr><td>Other</td><td><input style="width: 100%;" type="text"/></td></tr> <tr><td>Other</td><td><input style="width: 100%;" type="text"/></td></tr> </table>	Home	<input style="width: 100%;" type="text"/>	Work	<input style="width: 100%;" type="text"/>	Extension	<input style="width: 100%;" type="text"/>	Cell	<input style="width: 100%;" type="text"/>	Pager	<input style="width: 100%;" type="text"/>	Fax	<input style="width: 100%;" type="text"/>	French	<input style="width: 100%;" type="text"/>	Spanish	<input style="width: 100%;" type="text"/>	German	<input style="width: 100%;" type="text"/>	Other	<input style="width: 100%;" type="text"/>	Other	<input style="width: 100%;" type="text"/>
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Other	<input style="width: 100%;" type="text"/>																						
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<p>Health Concerns:</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(If yes, explain)</p> <p>Reason for Volunteering:</p> <p>Volunteer Experience (Organization/Role):</p> <p>Work Experience and Education:</p> <p>Interests/Skills:</p> <p>How did you hear about the organization?</p>	<p style="text-align: center;">Do you have any health concerns which may affect your volunteer work?</p> <input style="width: 100%; height: 100%;" type="text"/>
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	REFERENCE 1 (Non-Family)	REFERENCE 2 (Non-Family)	EMERGENCY CONTACT:
Name	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Relationship	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Address	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Phone	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Email	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Note	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

How often would you like to volunteer?

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

Availability Comments:

General Comments:

Complete if volunteering to drive:

License #:

Car Type:

Year:

Doors:

- Once Week
- More Often
- Wheelchair
- Walker

Driving Comment:

Service Options	
Client Advocacy	<input type="checkbox"/>
Board Member	<input type="checkbox"/>
Brentwood House	<input type="checkbox"/>
Babies/Children	<input type="checkbox"/>
Counselling Lay	<input type="checkbox"/>
Counselling Senior Peer	<input type="checkbox"/>
Drive Medical	<input type="checkbox"/>
Drive Unrestricted	<input type="checkbox"/>
Special Events	<input type="checkbox"/>
Handyman	<input type="checkbox"/>
income tax	<input type="checkbox"/>
Miscellaneous	<input type="checkbox"/>
Meals on Wheels	<input type="checkbox"/>
Out of the Rain	<input type="checkbox"/>
Peninsula Crossroads RJ	<input type="checkbox"/>
SHOAL Activities/Kitchen	<input type="checkbox"/>
SHOAL Assisted Living	<input type="checkbox"/>
SHOAL Craft Fair	<input type="checkbox"/>
SHOAL Office	<input type="checkbox"/>
SHOAL Tuck Shop	<input type="checkbox"/>
Sluggett House	<input type="checkbox"/>
Sidney Single Seniors	<input type="checkbox"/>
Thrift Shop Misc	<input type="checkbox"/>
Thrift Shop Brentwood 1	<input type="checkbox"/>
Thrift Shop Brentwood 2	<input type="checkbox"/>
Thrift Shop Sidney 1	<input type="checkbox"/>
Thrift Shop Sidney 2	<input type="checkbox"/>
Thrift Shop Sidney 3	<input type="checkbox"/>
Thrift Shop Victoria 1	<input type="checkbox"/>
Thrift Shop Victoria 2	<input type="checkbox"/>
Visiting	<input type="checkbox"/>
Youth Employment Program	<input type="checkbox"/>

Have you ever had a criminal conviction for which you have not been pardoned?
 Yes No

AGREEMENT:

I consent to a criminal record check. I also consent to a driver's abstract if I have offered to drive.

I recognize that participation as a volunteer cannot be guaranteed.

I understand that my acceptance as a volunteer with Beacon Community Services will be at the discretion of the coordinator of volunteers and staff of the agency.

CONFIDENTIALITY: I will respect confidential information that I am given regarding Beacon Community Services and regarding persons involved with Beacon Community Services including clients, volunteers, donors, staff and others involved.

PRIVACY: Beacon Community Services collects information from you to assist us for the purpose of providing volunteer services. The information we collect is treated as confidential and is only disclosed for the above purpose. By signing you give consent to use the information as specified above.

SIGNATURE _____

DATE _____

Interviewer's Remarks:

Interviewer:

OFFICE USE ONLY:

Card:

Computer:

Index/Driver:

Email Outlook:

Date Criminal Record Check Rec'd / Start Date: