



**VOLUNTEER DATA - VOLUNTEER SERVICES**

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

*(Please read first if doing application interview over phone)*

Beacon Community Services collects information from you to assist us in providing the best possible service. It allows us to screen potential volunteers to avoid risk to our clients. The information we collect will be treated as confidential and will only be disclosed to the client/s you will be working with and to others within the organization on a needed basis. By registering as a volunteer, you give consent to BCS to use the information as specified above.

Mr./Ms.:	_____
First Name:	_____
Last Name:	_____
Address:	_____
City:	_____
Postal Code:	_____
Phone (1)	_____
Phone (2)	_____
E mail:	_____
Date of Birth:	_____

**Emergency Contact:**

	<u>Name</u>	<u>Relationship</u>	<u>Phone (Res.)</u>	<u>Phone (Work)</u>
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____

**Health Concerns:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Volunteer Experience:**

\_\_\_\_\_

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**Work Experience:**

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**Hobbies:**

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**How did you hear about BCS?**

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**References: (Please list two people, other than family)**

**Name:                      Address:                                      Phone:**

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<b>Time Available</b>	<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>	<b>Sat</b>	<b>Sun</b>
<b>Morning</b>							
<b>Afternoon</b>							
<b>Evenings</b>							

**How many times per week will you be available for Volunteer work?**

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**If driving Clients, we need to know:**

- (1) \$2 million (minimum) liability Insurance available? Y\_\_\_ N \_\_\_
- (2) Year/Model (Type) car:\_\_\_\_\_
- (3) Number of Doors:\_\_\_\_\_
- (4) Driver's License Number:\_\_\_\_\_
- (5) Have you recently been involved in any accidents?: Y\_\_\_ N\_\_\_

If yes, details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the above driving information is current and correct.

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

**How often are you prepared, as a Volunteer, to drive?**    ( ) once per week  
 ( ) more than once

**Courses and Workshops:**

If offered, are you interested in any of the following courses?

- Income Tax preparation    ( )
- Active Listening (visiting)    ( )
- Driver Refresher    ( )
- Senior Peer Counseling    ( )

**Will you consent to a Criminal Record Check?** Y\_\_\_\_\_ N\_\_\_\_\_

**Confidentiality**

I understand that I may get information about people as a result of my work with Beacon Community Services that is private and confidential. I agree to respect the privacy and confidentiality of Beacon Community Services and its staff, volunteers and participants by not sharing any information learned during my volunteer work.

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

## Services Supplied By BCS Volunteers

<b>Service Name</b>	<b>Description</b>
• Babies/Children	Assist with babies/children
• Driving	Medical appts., local/Victoria
• Friendly Visiting	Support for client, one to one
• Handyperson	Any handyman assistance (small jobs)
• Income Tax	Filing returns (general, low income)
• Miscellaneous	As needed
• Senior Peer Counselling	Senior support, one to one
• SHOAL Activities/Kitchen	Various duties
• SHOAL Assisted Living	Various duties
• SHOAL Craft Fair	Various duties
• SHOAL Office	Various duties
• SHOAL Special Events	Various duties
• SHOAL Tuck Shop	Serving/Cashing
• Teen/Youth Employment	Job Coaching
• Thrift Shops	Various duties
• Walking/Reassurance calls	Assisting/supporting client

Please check areas of interest