

For Office Use Only

Rec'd Date:

Interview Date:

Orientation Date:

☐ ARH ☐ CW ☐ TRIM

Position:

Personal Information

Applicants must be 16 years of age

☐ Mr ☐ Ms ☐ Mrs ☐ Miss ☐ Other _____ Preferred First Name: _____

Last Name: _____ First Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone: Home: _____ Cell: _____ Business: _____

E-Mail: _____

Citizenship: ☐ Canadian ☐ Other _____

Age Group: ☐ 16-25 ☐ 26-40 ☐ 41-60 ☐ Over 60 Birthdate: Month: _____ Day: _____

Interests

Why are you interested in volunteering for us? _____

What type of volunteer programs interest you? _____

Can you volunteer on a regular basis? ☐ No ☐ Yes, what times are you available for volunteer work?

Please indicate blocks of specific times in the spaces provided:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							
EVE							

Would the times be regular, or would they need to change frequently? ☐ Regular ☐ Change

If your hours would change frequently, please explain: _____

Abilities/Skills

List any hobbies/skills/interests/experiences: _____

Do you speak and/or write languages other than English: ☐ No ☐ Yes

If YES, please specify: _____

History (Volunteer, Employment, Education, Training)

Have you applied to any other Fraser Health Site? ☐ No ☐ Yes, when/where: _____

Have you volunteered for Fraser Health before? ☐ No ☐ Yes, when/where: _____

VOLUNTEER: Are you presently a volunteer? ☐ No ☐ Yes

If yes, where: _____ How long? _____

Please describe any previous volunteer experience: _____

EMPLOYMENT: Are you currently employed: ☐ Yes ☐ No ☐ Full Time ☐ Part Time ☐ Casual

Current Employer: _____

May we contact you at work: ☐ Yes ☐ No

Previous Employment: (attach resume if you wish) _____

EDUCATION/TRAINING: If you are currently a student, what school/university do you attend:

Area of Study: _____ Year/Grade: _____

Please list any past relevant education/training you have: _____

Do you have any specific health care training: ☐ No ☐ Yes, If yes, describe: _____

References

We require two references (not relatives) that have known you for at least six months.

Personal Reference:

The personal reference must be in the form of a written reference letter attached to this application.

Name: _____ Phone: _____

Personal Relationship to you: _____ ☐ Letter attached

Business / Volunteer Reference:

The Volunteer Resources staff will contact the business / volunteer reference. No letter required.

Name: _____ Phone: _____

Business / Volunteer Relationship to you: _____ Email: _____

Emergency Information:

In case of emergency, contact name: _____

Telephone: Home: _____ Cell: _____ Business: _____

**** Please read the following carefully before signing this application ****

"I _____ (Print your name) confirm that the information in this volunteer application is complete and true. I understand and agree that any omission or misrepresentation with respect to the information given may be cause for refusal of volunteer placement, or if I am a volunteer of Fraser Health, may be cause for immediate termination. I understand that a Criminal Record Check is required. I authorize Fraser Health to contact the references listed by phone or email, and give permission to these references to release all relevant information requested.

I understand and give permission for Fraser Health to keep a record of my personal information on site and that it will remain confidential to Fraser Health. I understand that this information may be disclosed to any party with legal and proper interest, and I release the agency from any liability whatsoever for supplying such information".

All Volunteers must adhere to Fraser Health immunization requirements and policies.

Signature: _____ Date: _____

Please note: Incomplete applications will not be considered.

Revised: August 2023