



"A place where hope, opportunities and possibilities are realized"

Smithers Community Services Association

Volunteer Application Form

Personal Information

Name	Address
E-mail	Mailing Address
Phone Number	Cell Phone or Alternate Phone
Date of Birth	Emergency Contact (name & phone number)

Additional Information

What program(s) are you interested in volunteering with?	Broadway Place Emergency Shelter	Christmas Hampers	Community Learning Services (Adult Tutoring)	English Language & Multicultural Services	Helping Hands	No preference
Why are you interested in volunteering for Smithers Community Services?						
What would make this a successful volunteer experience for you?						
Are you presently a volunteer?	Yes	No	If yes , where?		For how long?	
Have you volunteered for SCSA in the past?	Yes	No	If yes , for what program?		When?	
Hobbies, Skills and Interests						

Availability (please check the days/times that you are available to volunteer)

Weekdays	Weeknights	Weekends	Flexible	Preferred day and time to volunteer:





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Work Experience (resume may be submitted outlining work experience and education/training)

Are you presently employed?	No	Yes	Student	Retired	If yes , to employed or student:	Full-time	Part-time
Employer/School Name:					Current Position:		
Past Work Experience (if applicable):							

Education/Training

High School	University/College	Other (please specify)
Please list any other relevant training, certification, experience, etc:		

References (references will only be contacted with applicant's permission after initial interview)

Smithers Community Services seeks to protect participants, volunteers, employees and the community through appropriate screening measures. I, _____ herby give permission to Smithers Community Services Association to obtain information concerning myself from the following individuals only. Please provide the names of two references (employers or friends, not family members) that we may contact.

First Name	Last Name	Phone Number	Relationship to you:
First Name	Last Name	Phone Number	Relationship to you:

I understand that this information will be used to assess my application and that all applicants are subject to an interview which outlines the volunteer position and job description, orientation and training required. A Criminal Record Check is required for some positions.

Name _____ Signature _____ Date _____

Under the provision of the Freedom of Information and Protection of Privacy Act, no personal information will be released without direct authorization as provided above.

