

Date: _____



Tri-City Transitions volunteers are committed to supporting TCT in our vision to strengthen family and community by breaking the cycle of abuse. We support women and families in their efforts to live a life free from family violence and abuse; our volunteers are an integral part of this mission.

VOLUNTEER APPLICATION

PERSONAL INFORMATION

Name: _____

Home Address: _____

City: _____ Postal Code: _____

Email: _____

Phone: (h) _____ (c) _____

Gender: _____

Are you over 18? Yes No, age: _____

Optional Day of Birth: ____ Month of Birth: _____

Are you legally entitled to work in Canada: Yes No

Volunteers who are not legally able to work in Canada may still be considered. For more information please contact 604-941-7111

Emergency Contact Name #1: _____

Relationship: _____

Phone: (Home) _____ (Work) _____

(Cell) _____

Emergency Contact Name #2: _____

Relationship: _____

Phone: (Home) _____ (Work) _____

(Cell) _____

GETTING TO KNOW YOU

1. How did you hear about us?

TCT Website

TCT staff/volunteer

Other: _____

2. What are you interested in? Please rank your interest (1 = most interesting).

___ Administration

___ Board of Directors

___ Children's Program

___ Communications/Marketing

___ Deliveries/Pick-ups

___ Program Facilitation

___ Fundraising

___ Program Evaluation/Research

___ Reception

___ Special Event Planning

___ Special Event Support

___ Interpretation: Language _____

Other: _____

3. Why are you interested in volunteering with *Tri-City Transitions*?

4. Please provide a brief summary of current/past education, employment and volunteer positions and attach a resume. Remember to include detail on any past experience relating to the position you are most interested in.

5. Do you speak and/or write any languages other than English? No Yes

Language(s):

Beginner Intermediate Advanced (Fluent) Native Language

6. Please mark the days and times you are generally available to volunteer with an "X".

<input type="radio"/> Monday	<input type="radio"/> Tuesday	<input type="radio"/> Wednesday	<input type="radio"/> Thursday	<input type="radio"/> Friday	<input type="radio"/> Saturday	<input type="radio"/> Sunday
<input type="radio"/> Morning	<input type="radio"/> Morning	<input type="radio"/> Morning	<input type="radio"/> Morning	<input type="radio"/> Morning	<input type="radio"/> Morning	<input type="radio"/> Morning
<input type="radio"/> Afternoon	<input type="radio"/> Afternoon	<input type="radio"/> Afternoon	<input type="radio"/> Afternoon	<input type="radio"/> Afternoon	<input type="radio"/> Afternoon	<input type="radio"/> Afternoon
<input type="radio"/> Evening	<input type="radio"/> Evening	<input type="radio"/> Evening	<input type="radio"/> Evening	<input type="radio"/> Evening	<input type="radio"/> Evening	<input type="radio"/> Evening

Do you prefer: Short-term assignments
 Long-term assignments (over 6 months)
 Either

REFERENCES

Please list two references (one personal character reference, one professional preferred):

1. Name: _____

Relationship: _____

Phone: _____ Email: _____

2. Name: _____

Relationship: _____

Phone: _____ Email: _____

I fully understand the above questions and certify that all information provided is true and accurate to the best of my knowledge. I grant consent to TCT's volunteer services department to verify its accuracy as well as to contact the references I have listed to determine my suitability for a volunteer position with TCT. I release TCT and all others from liability in connection with the verification of this information.

Signature of applicant: _____

Date: _____

Witness: _____

All information collected is for internal records only and will not be shared with outside organizations.

Please e-mail this form to info@tricitytransitions.com or mail it to:

Executive Assistant

Tri-City Transitions Society

200-2540 Shaughnessy St

Port Coquitlam, BC V3C 3W4