

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: \_\_\_\_\_

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: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Emergency Contact Name #1: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

### GETTING TO KNOW YOU

How did you hear about us?

- TCT Website
- TCT staff/volunteer
- Other: \_\_\_\_\_

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

\_\_\_\_\_ Administration

\_\_\_\_\_ Children's Program

\_\_\_\_\_ Communications/Marketing

\_\_\_\_\_ Deliveries/Pick-ups

\_\_\_\_\_ Program Facilitation

\_\_\_\_\_ Fundraising

\_\_\_\_\_ Program Evaluation/Research

\_\_\_\_\_ Reception

\_\_\_\_\_ Special Event Planning

\_\_\_\_\_ Special Event Support

\_\_\_\_\_ Interpretation: Language \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

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

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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.

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Do you speak and/or write any languages other than English?

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- Beginner     Intermediate     Advanced (Fluent)     Native Language

Please mark the days and times you are generally available to volunteer

- |                                    |                                    |                                    |                                    |                                    |                                    |                                    |
|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday  | <input type="checkbox"/> Friday    | <input type="checkbox"/> Saturday  | <input type="checkbox"/> Sunday    |
| <input type="checkbox"/> Morning   | <input type="checkbox"/> Morning   | <input type="checkbox"/> Morning   | <input type="checkbox"/> Morning   | <input type="checkbox"/> Morning   | <input type="checkbox"/> Morning   | <input type="checkbox"/> Morning   |
| <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Evening   | <input type="checkbox"/> Evening   | <input type="checkbox"/> Evening   | <input type="checkbox"/> Evening   | <input type="checkbox"/> Evening   | <input type="checkbox"/> Evening   | <input type="checkbox"/> 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: \_\_\_\_\_

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](mailto:info@tricitytransitions.com) or mail it to:

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