

Shuswap Association for Community Living
Volunteer Application Form

4590 10th Avenue SW
Salmon Arm, BC
V1E 3B5

The information you provide in this application is for internal purposes and will be kept confidential.

This is not an application for employment.

PERSONAL INFORMATION

Mr./Mrs./Ms. _____
Last Name First Name

Address: _____
Street Apt. #

_____ City Province Postal Code

Home Phone: ____ - ____ Cell: ____ - ____

E-mail address: _____

Are you currently a student? Yes _____ No _____

If yes, where? _____

OCCUPATIONAL INFORMATION

Current employer and city where you work: _____

If retired, from what occupation? _____

How did you learn of Community Living? _____

VOLUNTEER PLACEMENT

Volunteer Experience

Organization	Position/Duties
	Year

What type(s) of volunteer service interests you? _____

Why do you want to volunteer for Community Living? _____

Availability Dates and Hours (please check all that apply):

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Evening					

REFERENCES

Staff sponsor? Yes _____ No _____

If yes, who? _____

Please give name, city address, and phone number(s) of three individuals who can serve as personal and/or professional references:

Thank you for volunteering for the Shuswap Association for Community Living!

I declare that the information contained in this application and on my resume is correct to the best of my knowledge and understand that any omission or incorrect information is just cause for rejection of my application or dismissal in accordance with Shuswap Association for Community Living's policy.

Your signature

Date