



**Freedom of Information / Protection of Privacy**

DCSCL complies with the legislation in the Province of British Columbia. The information collected on this application will be used to determine eligibility for my volunteer employment with DCSCL.

**Read carefully before signing**

I certify, agree and understand that all information supplied on this application is true and I understand that any untrue statements will be grounds for termination of my volunteer employment at any time during my volunteering. In connection with this application, I authorize all organizations, companies, credit agencies, persons, educational institutions, law enforcement agencies, government departments, current and former employers to release information they have about me and release them from any liability from doing so. I accept the purpose of the information gathering is to determine my suitability as a volunteer.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Month / Day / Year

THANK YOU FOR COMPLETING THIS FORM