



**VOLUNTEER APPLICATION – EXTERNAL**

(Please Print)

NAME _____				
	Last	First	Middle	
PRESENT ADDRESS: _____				
Street and/or Box Number				
City	Province	Postal Code	Home #	Work #
AREA OF INTER:	Residential	Employment	Day Program	Seniors
DAYS AND TIMES AVIALABLE: _____				
HAVE YOU VOLUNTEERED FOR THIS SOCIETY BEFORE? _____ WHEN? _____				
WHAT STRENGTHS / SKILLS / ABILITIES WOULD YOU HAVE TO OFFER AS A VOLUNTEER?				
YOU ARE REQUIRED TO:				
1. Sign Statement of Values and Ethical Principles				
2. Have a Criminal Record Check conducted				
TWO PERSONAL REFERENCES (name, address, phone number):				
	Name	Address	Phone Number	
1.				
2.				

**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