

VOLUNTEER APPLICATION FORM

102-1027 Westminster Ave W Penticton, BC V2A 1L4
 T: 250-493-4366 | F: 250-493-3158 | E: volcoord@sowins.com
 W: sowins.com | Volunteer Coordinator: Rebecca Noort



CONTACT INFORMATION		
Full Name:		Date of Birth (mm/dd/yyyy):
Address:	City:	Postal Code:
Contact Number:	Email:	

EMERGENCY CONTACT		
Name:	Relationship:	Telephone:

In a few words, please describe yourself, tell us what motivated you to volunteer with SOWINS, and what are you looking to get from this volunteer experience?

What/Who directed you to SOWINS?

AVAILABILITY				
	Morning	Afternoon	Evening	Length of Commitment
Monday				1-3 months
Tuesday				3-6 months
Wednesday				6-12 months
Thursday				Special Event/Project
Friday				Services Hours (hours needed)
Saturday				
Sunday				

If you are fulfilling any of the following, please check the box:

<input type="checkbox"/> Practicum	<input type="checkbox"/> School Hours	<input type="checkbox"/> Work Experience Hours
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OFFICE USE ONLY	
Date Application Received:	Volunteer Placement:
Notes: <input type="checkbox"/> Intake Interview: _____ <input type="checkbox"/> CRRP Submitted: _____ <input type="checkbox"/> Gift Works <input type="checkbox"/> CRRP Received: _____ <input type="checkbox"/> Constant Contact	

VOLUNTEER INTEREST & EXPERIENCE

Volunteer Opportunities Available – please indicate areas of interest

Please note, all positions will be discussed and agreed upon with the volunteer coordinator.

Janitorial/Maintenance

Events/Special Projects/Fundraising

Administrative

Board of Directors

Transition House

Workshop Facilitator

SAFExst/Mobile Outreach

Other: _____

If you have a special talent or gift that you would like to share, please let us know!

Briefly describe your employment, professional experience, skills or hobbies:

Do you have any health concerns/allergies/past injuries we should be aware of? If so, please explain.

REFERENCES

Please provide two personal references who have known you for at least one year, are over the age of 18, and are not related to you.

Name	Relationship	Telephone/Email

CRIMINAL RECORD CHECK

All staff and volunteers are required to pass a criminal record check. To submit online, please use the following link and access code. Note you will be required to answer credit history questions to confirm your identity. The results will be sent directly to SOWINS. If you are unable to fill out the form online, we have physical forms available as well.

Online Link: <https://justice.gov.bc.ca/eCRC/>

Access Code: PVJCEBMB26

I, _____ hereby declare that the foregoing information is true and complete to my knowledge. I authorize SOWINS to contact any or all of the references listed for the purpose of processing my volunteer application. I understand that these references will be contacted in confidence.

Personal information collected on this form will be used to determine compatibility of the skills and availability of the prospective volunteer with the needs and scheduling availability of SOWINS. Volunteer phone numbers and email addresses will be used for staff communication and to schedule shifts.

Signature

Date (mm/dd/yyyy)