

Oceanside Volunteer Association
Volunteer Registration Form

PERSONAL INFORMATION:

Mr./Mrs./Miss/Ms: _____
Surname First Name Initial

Address: _____
Postal Code: _____

Phone: home _____ work _____

Email: _____

Age: Teen (13 – 19) Young Adult (20–40) Adult (41–65) Senior (65+)

Status: student retired unemployed
 self-employed employed: part-time__ or full-time __

Work Experience: _____

Previous Volunteer Experience: _____

Languages: Spoken _____ Written _____

Hobbies and interests: _____

VOLUNTEERING INFORMATION:

What age group would you prefer to work with?

- Preschool (0-4) Children (5-12) Teens (13 – 19)
 Young Adults (20–40) Adults (41–65) Seniors (65+)

What length of volunteer assignment interests you?

- 3 months or less 3 – 6 months 6 – 12 months Special events

Days available: Mon. Tues. Wed. Thurs. Fri. Weekends

Times available: Week days: morning afternoon evening

Weekends: morning afternoon evening

With what type of people do you work best? _____

With what type of people do you feel unable to work? _____

If you have a second language or know sign language, would you be interested in translating or interpreting? Yes No

What type of volunteer position might interest you? _____

Comments: _____

Where did you hear about the Oceanside Volunteer Centre?

Newspaper Walked by Word of mouth Radio

Other (please specify): _____

SECURITY RELEASE: Please read carefully, then date & sign it.

Do you have a criminal record? Yes ___ No ___

You may be required to have a criminal record check completed at no expense to you.

* I declare that the information provided on this application is correct and complete and I hereby authorize the Oceanside Volunteer Centre to verify the information submitted herewith.

* For the purpose of establishing eligibility, I hereby give Oceanside Volunteer Centre permission to convey information contained herein to agencies which may consider using my services.

Signature

Print your name

_____, 20____

Information taken by: _____

Notes: _____