

OCEANSIDE VOLUNTEER ASSOCIATION

#4-125 McCarter Street, PO Box 1745, Parksville, BC V9P 2H6

Phone: 250-248-2637

Email: oceansidevolunteer@shaw.ca

Please complete one Request Form per volunteer task

REQUEST FOR VOLUNTEERS

Date: _____

Agency: _____

Address: _____

Task Location (if different): _____

Phone Number: _____ Fax: _____

Volunteer Task Title: _____

Task Description: _____

Days required (check): Monday Tuesday Wednesday Thursday Friday
 Saturday Sunday

Hours: _____

Weekly Commitment Expected (no. of hours): _____

Total Commitment Expected (Check): 1-3 months 4-6 months 7-10 months 10-12 months

Orientation or Training Dates and Times: _____

Anticipated Starting Date: _____ Anticipated Ending Date: _____

Qualifications or Skills Required: _____

Personality Requirements: _____

Special Needs Volunteers: Is your agency able to accept volunteers who require extra supervision or support?

Physical - Yes No Emotional - Yes No Mental - Yes No

Age Restrictions: Minimum age _____ Maximum age _____

Additional Comments: _____

Requested by: _____ Position: _____

Please send us at least 15 copies of your brochures and any task descriptions so that we may provide volunteers with as much information as possible. Thank You!

Please advise our office when you have filled the position