

**OCEANSIDE VOLUNTEER ASSOCIATION**  
**#2 – 692 Beach Road, Qualicum Beach, BC V9K 1S4**  
**Phone: 250-594-2637**  
**Email: admin@oceansidevolunteer.org**  
**website: www.oceansidevolunteer.org**

**VOLUNTEER REGISTRATION FORM**

**PERSONAL INFORMATION:**

Mr./Mrs./Miss/Ms: \_\_\_\_\_  
Surname First Name Initial

Address: \_\_\_\_\_  
Postal Code: \_\_\_\_\_

Phone: home \_\_\_\_\_ work/cell \_\_\_\_\_

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.

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: \_\_\_\_\_