

OCEANSIDE VOLUNTEER ASSOCIATION

#2 – 692 Beach Road, Qualicum Beach, BC V9K 1S4

Phone: 250-594-2637

Email: admin@oceansidevolunteer.org

*****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*****