



# VOLUNTEER APPLICATION FORM

**First Name:**  **Last Name**

**Address:**

**Phone Number:**  **Email:**

**What Type of Position would you be interested in volunteering for?**

- Boards and Committees**  *Please Specify*
- Projects and Events**  *Please Specify*
- Children and Youth Programs**  *Please Specify*
- Community Gardens**  *Please Specify*
- Other**  *Please Specify*

**When would you be able to volunteer?**

**Hours:**

**Days:**

**Duration:**

**Please describe so of your previous volunteer/work experience**

**How did you hear about volunteer opportunities at the VWCA?**

VWCA Website  Volunteer Victoria  VWCA Social Media  Word of Mouth  Community Event

Other (*Please Specify*)

**References:**

**Name:**  **Phone Number or Email**

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**It is a condition of Placement that all volunteers agree to:**

1. Be bound by the policies and procedures of the VWCA
2. Provide a Canadian Police Certificate or Criminal Record Check (if working with children/ vulnerable adults, or if having cash handling responsibilities).

**Signed:**  **Dated:**

I agree that The Victoria West Community Association (VWCA) may use photographs of me with or without my name for any lawful purpose, including for such purposes as publicity, illustration, advertising, and Web content.

**Signed:**  **Dated:**

*Internal Use Only*

**Approved By:**  **Date:**