
VOLUNTEER APPLICATION FORM

Personal Information:

Name: _____

Address: _____

City: _____, BC Postal Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

1. Please tell us a bit about yourself.

2. Briefly summarize your background in working with and playing with young children.

Vancouver Satellite Centre

#262- 3665 Kingsway, Vancouver, BC, V5R 5W2
PH: 604-428-7949 FAX: 604-428-7950
EMAIL: info@bcfamilyhearing.com

Main Surrey Centre

15220 - 92nd Ave., Surrey, BC, V3R 2T8
PH: 604-584-2827 FAX: 604-584-2800
Toll Free: 1-877-584-2827
EMAIL: info@bcfamilyhearing.com

Victoria Satellite Centre

#320-702 Fort Street, Victoria, BC, V8W 1H2
PH: 778-265-8909 FAX: 778-265-8908
EMAIL: vicinfo@bcfamilyhearing.com

3. Please let us know what your availability will be:

Days of the Week: _____

Times: _____

Are you available in the evening as we sometimes have evening events:

Yes _____ **No** _____

4. What kind of experiences/skills do you hope to gain from volunteering at the Centre?

5. Please list two references (Name, Relationship and Phone Number):

a. _____

b. _____

6. In Case of Emergency, Contact:

Name: _____ Relationship: _____

Address: _____

City: _____, BC Postal Code: _____ Phone: _____

I understand that should I not be able to perform my volunteer responsibilities appropriately, I may be asked not to continue volunteering.

Date

Applicant's Signature

Thank you for taking the time to fill in the application.

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