
VOLUNTEER APPLICATION FORM

Who volunteers at BCFHRS? People who are themselves or have family members that are deaf or hard of hearing, past clients and their family members, students looking to fulfill volunteer hour requirements, university students studying in a related field, and hopefully, you!

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 young children.

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.

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

www.bcfamilyhearing.com

