

# Kiwanis Care Centre Volunteer Application

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Email: \_\_\_\_\_ DOB: \_\_\_\_\_

**Please complete the following sections as fully as possible. This will help us to identify volunteer areas that will best fit your interests.**

Why are you interested in volunteering at Kiwanis? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What type of volunteer would you be? (please place checkmark):

Youth (19 and under)  Palliative Care  Group   
 Adult (over 19 yrs)  Music/entertainer  Escort for appointments

What areas / programs are you interested in volunteering for? (Please place a checkmark)

Assisting on bus outings <input type="checkbox"/>	Assist with thrift and craft sales <input type="checkbox"/>
Serving during coffee hour <input type="checkbox"/>	One to one visiting <input type="checkbox"/>
Happy hour (pub) <input type="checkbox"/>	Office assistance <input type="checkbox"/>
Sing-a-longs <input type="checkbox"/>	Special events (birthday parties etc) <input type="checkbox"/>
Bingo <input type="checkbox"/>	Games (bowling, shuffleboard etc) <input type="checkbox"/>
Gardening <input type="checkbox"/>	Reading to resident(s) <input type="checkbox"/>
Arts & crafts <input type="checkbox"/>	Letter writing for residents <input type="checkbox"/>
Sewing/Knitting <input type="checkbox"/>	Manicures <input type="checkbox"/>

Do you sing / play a musical instrument Yes  No   
 The instrument you play is: \_\_\_\_\_

Please describe any special skills, qualifications or interests you would bring to our team:  
 \_\_\_\_\_

What days and times would you be available to volunteer?

Day	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
AM							
PM							

Previous volunteer experience (where, dates, & short description of duties):

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Language(s) spoken other than English: \_\_\_\_\_

Language(s) written other than English: \_\_\_\_\_

Please list **two** references (one personal, one professional) that we may contact:

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_ How long known? \_\_\_\_\_

In what capacity has this person known you? \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_ How long known? \_\_\_\_\_

In what capacity has this person known you? \_\_\_\_\_

How did you hear about Kiwanis Care Centre? Friend \_\_\_\_\_ Family \_\_\_\_\_ School \_\_\_\_\_

Poster \_\_\_\_\_ Newspaper \_\_\_\_\_ Internet \_\_\_\_\_ Other \_\_\_\_\_

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### Privacy Statement

Thank you for supporting Kiwanis Care Centre. We are committed to protecting the privacy of individuals whose personal information is collected and held by Kiwanis Care Centre and we adhere to all Provincial legislative requirements with respect to protecting privacy.

If at any time you wish to have your name removed from our volunteer list, or you would prefer your name not to be listed as a volunteer, simply contact us at the address listed below, or by phone at (604) 520-0158, and we will be pleased to accommodate your request.

**Date of application:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Please drop off, or mail, completed applications to:**

Attention: Director of Recreation and Volunteer Services  
Kiwanis Care Centre, 35 Clute Street, New Westminster BC V3L 1Z5

### For Office Use Only

Volunteer application received

Date: \_\_\_\_\_

Interview scheduled

Date / Time: \_\_\_\_\_

References completed

**Criminal record check received**

Confidentiality agreement signed

Facility orientation completed