



S.U.C.C.E.S.S.

Volunteer No: _____

Contact ID: _____

VOLUNTEER REGISTRATION FORM

*Name: _____
(First Name) (Last Name) (Name in other language)

*Age range : 16 -19 (Minimum age of volunteers: 16) 20 - 24 25 - 34 35 - 44
 45 - 54 55 - 64 65 or over

*Gender: Male Female

*Address: _____
No. Street City Postal Code

*Contact No.

Home Phone	Office Phone	Cell Phone	Fax
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E-mail: _____

*Status: Citizen Permanent Resident International Student Other _____

*Immigration Category:

Business Skilled Worker Family Class Temporary Resident
 Provincial Nominee Live-in Caregiver Canadian Experience Class Other
 Refugee Class (Government Assisted | Privately Sponsored | Landed in Canada)

*How long have been in Canada? ____ Yr. ____ M *Local born *Country of origin: _____

Education level attained:

Elementary High School College/University Others: _____

If you are currently a student, please indicate: School: _____ Grade or Level: _____

Current Occupation: _____ Previous Occupation: _____

Languages that you speak and/or write:

English Cantonese Mandarin Korean Punjabi Farsi Tagalog Others _____

Skills that you can use in volunteer service: _____

Volunteer Experience: _____

Reasons for volunteering at S.U.C.C.E.S.S.? _____

Areas interested in volunteering?

- Administration Support Volunteer Friendly-Visit Volunteer Seniors ESL Instructor Seniors Activities Helper
- Child Minding Helper Front Desk Receptionist Settlement Service Helper Telephone Caring Volunteer
- Chinese Help Lines Volunteer Fundraising Events Helper Special Task Force
- Dispatch Rider Job(Employment) Mentor Summer Program Worker
- Events Helper Proof Reader/Typesetter Translator/Interpreter
- Evergreen News Writer/Reporter Seniors Computer Instructor Better At Home Volunteer

*These items are necessary for statistical compilation

Time Availability (Please indicate availability for volunteer service)

Any Day/Time

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Morning							
Afternoon							
Evening							

Service Centre preferred: Pender; Granville; Richmond; Burnaby/Coquitlam;
 Tri-City; Surrey; Burnaby

Emergency Contact: **Name:** _____ **Relationship:** _____
Phone No.: _____ **Mobile No.:** _____

Screening

S.U.C.C.E.S.S. seeks to protect participants, clients, volunteers, employees and the community through appropriate screening measures. Both reference checks and police records checks are required for a number of positions.

I understand that I do not have to agree to these background checks, but that refusal to do so may exclude me from being considered for a volunteer placement.

If requested, are you willing to submit a police records check? Yes No

If requested, are you willing to provide two references (school, business or volunteer-related)? Yes No

Commitment:

1. I agree to adhere to S.U.C.C.E.S.S.'s Volunteer Services policies, rules and regulations.
2. I agree to attend a formal Volunteer Orientation and complete the required training.
3. I understand that false information on this registration form may be cause for termination of volunteer services.
4. I understand that all volunteer opportunities are subject to the logistics and operational needs of the specific event.

I, hereby, agree to be included into the S.U.C.C.E.S.S. volunteer mailing list. _____ (Initials)

Signature _____ **Date:** _____

Name & Signature of Parent/Guardian# _____ **Date:** _____

If applicant is under 19, please add name and signature of parent/guardian

Personal Information contained on this form is collected under the provisions of the Freedom of Information and Protection of Privacy Act and will be used only for administering the volunteer services and we will not disclose volunteer information to any third party without volunteers' consent.

For administrative use only

Interviewed by: _____ Date: _____

Accepted (Initial assignment: _____) Pending Refused

Transfer to Other Service Centre (_____)

- | | | |
|---|---|--|
| <input type="checkbox"/> Registration form received | <input type="checkbox"/> Interview scheduled (Date _____) | <input type="checkbox"/> Interview completed |
| <input type="checkbox"/> Data entry | <input type="checkbox"/> Criminal check received | <input type="checkbox"/> Reference checked |
| <input type="checkbox"/> Training completed | <input type="checkbox"/> Confidentiality agreement signed | <input type="checkbox"/> Application Withdrawn |

Remarks: