



**Victoria Disability
Resource Centre**
Promoting a new perspective on disability

VOLUNTEER APPLICATION

Please attach an updated copy of your resume.

Applicant's Name: _____ Date: _____

Address: _____

City & Province: _____ Postal Code: _____

Phone Number: _____ E-Mail Address: _____

IN CASE OF EMERGENCY

Emergency Contact: _____ Relationship: _____

Phone Number: _____

AVAILABILITY

	Mornings 9:00 am – 12:30 pm	Afternoons 12:30 pm – 4:00 pm	All Day 9:00 am – 4:00 pm
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Would you be interested in working a Saturday shift? Yes _____ No _____

Is there a particular type of volunteer work that interests you?

Please provide the Name and Contact Number for at least two references:

I understand that all volunteers at the Victoria Disability Resource Centre are required to have a Criminal Record Check completed and must sign an Oath of Confidentiality before starting at the VDRC.

Applicant's Signature: _____ Date: _____