



## VOLUNTEER APPLICATION

Please note that all volunteers must provide proof of receiving at least two COVID vaccinations and must abide by the organization's established COVID safety procedures, which will be provided and reviewed during orientation.

First & Last Name: \_\_\_\_\_

Pronouns (optional): \_\_\_\_\_

Address: \_\_\_\_\_

City & Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Do you identify as a person living with a disability or disabilities: Y  N

### IN CASE OF EMERGENCY

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

### AVAILABILITY

	Mornings 9:00 am – 12:15 pm	Afternoons 12:45 pm – 4:00 pm
Monday	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday		<input type="checkbox"/>
Wednesday		<input type="checkbox"/>
Thursday		<input type="checkbox"/>
Friday		<input type="checkbox"/>

*Please note that volunteers are expected to commit to one shift per week and are expected to volunteer at the same day and time every week.*

What type of volunteer work are you interested in doing?

- Front Desk Reception                       Accessible Parking Placard Processing
- Information and Referral Research             I'm open to discussing other ways I can volunteer

What particular skills are you are looking to strengthen or develop?

What volunteer experience, if any, do you have?

Do you have any questions regarding volunteering at the Victoria Disability Resource Centre?

Please provide two references:

1. \_\_\_\_\_

First & Last Name	Phone Number
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\_\_\_\_\_

Email Address

\_\_\_\_\_

Relationship (ex: employer, co-worker, volunteer position, personal, etc.)

2. \_\_\_\_\_

First & Last Name	Phone Number
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\_\_\_\_\_

Email Address

\_\_\_\_\_

Relationship (ex: employer, co-worker, volunteer position, personal, etc.)

By signing below, I understand that, as a volunteer at the Victoria Disability Resource Centre, I am required to have a Criminal Record Check (which the VDRC will help get processed) and must sign an Oath of Confidentiality before starting at the VDRC.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email this form, and attach an updated resume, to [volunteer@drcvictoria.com](mailto:volunteer@drcvictoria.com) or fax to 250-595-1512.