

The Society To End Homelessness In Burnaby Volunteer Application

Full Legal Name Date of Birth

Address City

Province Postal Code

Home Phone Work Phone Cell Phone

Languages spoken

Please list special skills (i.e. translation, data entry, etc.)

Do you have a vehicle?

Yes No

If yes, what kind of vehicle?

Select all volunteer interests:

- Food donation pickup - set times
- On Call Donation pick up/ delivery
- Outreach Resource Centre
- Translator
- Storage Organizer
- Admin Support
- Community Event Displays
- Service Events - Burnaby Homeless Connect
- Service Event - Outreach Christmas
- Service Event - Outreach Summer BBQ
- Clothing Drives
- Coldest Night of the Year
- Homeless Count
- St Stephens Van Stop
- Extreme Weather

Further comments:

Select the days / times you are available to volunteer:

- | | | | |
|------------------------------------|----------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> Sunday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Monday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Thursday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Friday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Saturday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |

Do you have experience with persons who have mental health or addiction challenges?

Yes No

Do you have a good understanding about the challenges and obstacles for someone who is homeless?

Yes No

Comments:

Do you like to work as part of a team?

Yes No

Do you prefer to work alone?

Yes No

Do you have health issues which may compromise your volunteering?

Yes No

Please explain:

Do you consent to a criminal record check?

Please note: the existence of a criminal record does not automatically exclude you from volunteering. Please speak with the Volunteer Coordinator if you have concerns

Yes No

Please provide contact information for two references

Reference #1

Name

E-mail

Phone

Relationship

Reference #2

Name

E-mail

Phone

Relationship

Please explain why you would like to volunteer for The Society To End Homeless In Burnaby

How did you hear about our volunteering opportunities?

Thank you for your interest in volunteering!

Office use only

Date received

CRC received

Date reference #1 contacted

Date decision made

Date reference # 2 contacted

Date confirmed