

Children's Therapy and Family Resource Centre

801 McGill Road, Kamloops, BC V2C 6R1 Phone: (250) 371-4100 Fax: (250) 371-4120
www.kamloopschildrenstherapy.org

Volunteer Application Form

Please complete all sections as thoroughly as possible, even if you are attaching a resume. This application will introduce your experience, education and skills. It is necessary to provide complete information as this will be used to determine eligibility. All information provided to us will be considered confidential.

Personal Information				
Name:			Birth date: (dd/mm/yyyy)	
Street Address:				
City & Province:			Postal Code:	
Home phone no:	Cell phone no:	Email address:		
Area of Interest (please check)				
Board Member	Lending Cupboard	Library	Other	
Availability (please check)				
Weekdays	Morning	Afternoon	Evening	Weekends
Employment/Education Information				
Are you currently:	Employed	Name:		
	Attending High School	Name:		
	Attending Post Secondary Schooling	Name:		
References Information				
Name:		Relationship:		
Work phone no:		Home phone no:		
Name:		Relationship:		
Work phone no:		Home phone no:		
Please read carefully before signing. This application is not valid unless signed by the applicant.				
I certify the above information provided in this application and attachments/resume is true and complete. I understand that if any information in this application and attachments/resume is found to be false or incomplete, my application may be rejected or may be dismissed from a volunteer appointment I receive as the result of this application.				
I understand that a criminal record check and reference checks are a condition of my volunteer appointment at the Children's Therapy and Family Resource Centre.				
Signature of applicant (electronic signature assumed)			Date (dd/mm/yyyy)	
Signature of guardian (if applicant is under 18 yrs) (electronic signature assumed)			Date (dd/mm/yyyy)	

Volunteer Questionnaire

How did you hear about this volunteer position?

Family/Friend

I, or my child is currently and/or previously received services

Website

Newspaper

Other (please describe)

What time commitment are you willing to make?

1 to 6 months

1 to 2 years

6 to 12 months

2 years +

What is your first language?

Written:

Spoken:

What special training, skills, hobbies, interests or certificates do you hold?

Please submit completed forms to:
Thompson Nicola Family Resource Society
801 McGill Road
Kamloops, BC V2C 6R1
info@kamloopchildrenstherapy.org
phone: (250) 371-4100 fax: (250) 371-4120
or click the submit button below.

OFFICE USE ONLY:

POSITION INTERVIEWED FOR: _____ DATE: _____

REFERENCE CHECKS COMPLETED BY: _____ RESULT: _____

CRIMINAL RECORD CHECK COMPLETED AND RECEIVED ON: _____