



4475 4th Street
Peachland, BC V0H 1X6
Phone: (250) 767-0141
www.peachlandwellnesscentre.ca
wellnesscentre@telus.net



Volunteer Application Form

Contact Information:

Last Name: _____ First Name: _____

Mailing Address: _____

City: _____, Province: _____, Postal Code: _____

Phone # 1 _____, Phone # 2 _____

Email: _____

Volunteer Information, Experience and Education:

Birthdate (optional): _____

Do you have any health or physical information that may affect your volunteering that you feel we should be aware of? _____

Why us? What has motivated you to complete an application to volunteer with us? _____

My relevant work and volunteer experience includes: _____

My relevant education, workshops include: _____

For detailed information I have attached my resume. Yes _____ No _____

PWC has a wide variety of volunteer opportunities including; **Cooking, Serving, Driving, Admin Support, Events, Yard, Facilitate Programs, Computers/Technology, Friendly Visits**, etc.):

Are any of the above in your area of interest please, explain. _____

Please tell us about your hobbies and/or other interests. _____

I am willing to share my skills and expertise in: (please describe skills you have and wish to share or new skills you would like to learn) _____

Availability: days of the week! Morning/Afternoon/Flexible! _____

Transportation Driver: requires DA, DL, CRC, and Insurance _____

References:

These people are familiar with my abilities as a worker or volunteer and may be contacted:

Name: _____ Relationship: _____

Phone # 1 _____, Phone # 2 _____

Name: _____ Relationship: _____

Phone # 1 _____, Phone # 2 _____

Name: _____ Relationship: _____

Phone # 1 _____, Phone # 2 _____

Emergency Contact:

Name: _____ Relationship: _____

Phone # 1 _____, Phone # 2 _____

Email: _____

Other:

I am under the age of 19. My Parent or Guardian gives permission for me to volunteer.

Parent or Guardian name: _____

Phone #: _____

Parent or Guardian signature: _____

Please read carefully before signing

I understand and agree that volunteering and continued volunteer service with PWC is conditioned upon:

- The observance of the rules, regulations and policies governing PWC as in effect at the time of volunteering or established at any subsequent time and as will be further outlined in the volunteer interview and agreement process.
- The verification of statements made by me in this application.
- I give permission for PWC to contact my personal references and authorize any legal reference PWC wishes to undertake regarding screening for volunteering at PWC.

Signature: _____ Date: _____

The Peachland Wellness Centre is committed to protecting the privacy of personal information in our possession or under our control and ensuring collected information is used in accordance with applicable privacy legislation. The personal information collected on this form will be used by the volunteer resources team solely for the purpose of the volunteer program. This information will not be posted, shared, or otherwise made available publicly or to unauthorized personnel.

