



# Canuck Place Children's Hospice

1690 Matthews Avenue, Vancouver, BC, V6J 2T2  
 Phone: (604)731-4847 Fax: (604) 739-4376

## Volunteer Application Form

**Personal Information:** (Mr. Mrs. Ms. Miss. - please circle one)

<b>Last Name:</b>		<b>First Name:</b>		<b>Middle Name:</b>	
<b>Street Address:</b>		<b>Preferred Name used:</b>			
<b>City:</b>				<b>Postal Code:</b>	
<b>Home Phone No.</b> ( ) ( )		<b>Work Phone No.</b> ( ) ( )		<b>Cell No.:</b> ( ) ( )	
<b>E-mail:</b> (please print clearly) (this is our primary form of communication, please keep this information current)					

**Volunteer Location:** (Please tick which **location** you would like to volunteer at)

<b>Canuck Place Children's Hospice Vancouver location:</b>	<input type="checkbox"/>	<b>Canuck Place Children's Hospice Abbotsford Location:</b> (Please note there are <b>limited</b> volunteer opportunities in Abbotsford at this time)	<input type="checkbox"/>
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### Volunteer Opportunities in Vancouver:

<b>Opportunities:</b> (please specify 1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> choice):	<b>Skills:</b>
Family Volunteer	Languages: (please specify):
Peer Volunteer	
Reception Volunteer	Other talents and skills: (please specify):
Housekeeping Volunteer	
Garden Crew	
Indoor/Outdoor Maintenance	Trades: electrical, plumbing, carpentry (please specify):
Kitchen Volunteer [Hep. A Vaccination] [ please circle: Yes No ]	Do you have Food Safe Level One Certification: please circle: Yes No
Driver (must have clean driver's record)	Do you have an Unrestricted Class 4 Driver's License: please circle: Yes No

### Volunteer Opportunities in Abbotsford:

<b>Opportunities:</b> (please specify 1 <sup>st</sup> , 2 <sup>nd</sup> choice):	<b>Skills:</b>
Office Administration Volunteer	Languages: (please specify):
Special Events Volunteer	
	Other talents and skills: (please specify):

**Availability** (tick which days and times you would be available for a **regular weekly shift**)

	<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
Mornings (9-1)							
Afternoons (1-5)							
Evenings (5-9)							

**Office Use Only**

<b>Placement/Shift Information:</b>	<b>Date/Time of Interview:</b>
<input type="checkbox"/> Confidentiality Signed <input type="checkbox"/> References Checked <input type="checkbox"/> Criminal Records Check	<b>Date Application Received:</b>

**Education:** (check all that apply)

- High School Graduate     College \_\_\_\_\_ (Year: \_\_\_\_\_)  
 University \_\_\_\_\_ Major: \_\_\_\_\_  
 Graduate degree \_\_\_\_\_ Major: \_\_\_\_\_

Name of School: \_\_\_\_\_

**Employment Information:** I am:     Employed     Unemployed     Student     Retired

Occupation: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  Full-time     Part-time

My employer offers a donation matching program

**Personal Information:** This information is used only for statistical analysis.

**Date of Birth:** Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

**Gender:**     Female     Male       **Marital Status:**     Married     Single

**Reasons you would like to become a volunteer at Canuck Place?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**How did you find out about our volunteer program?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please send completed application with attention to:

Karen Carvajal, Canuck Place Children's Hospice,  
 1690 Matthews Avenue, Vancouver, BC, V6J 2T2  
 Fax: (604) 739-4376 or by email to KCarvajal@canuckplace.org



Have you ever been terminated from employment, penalized, or suspended from employment for inappropriate action with children, or have you ever been accused of inappropriate conduct with children in your personal life?

Yes  No Initial: \_\_\_\_\_

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I certify that the statements made in this volunteer application are true and correct, and have been given voluntarily. I will familiarize myself with policies and procedures as I participate at Canuck Place. I also understand that this information may be disclosed to any party with legal and proper interest, and I release the agency from any liability whatsoever for supplying such information. We add the above information to our Canuck Place contact and mailing lists. If at any time you want to be removed from these lists, please contact us and we will gladly comply.

I give my consent to have my photograph taken for the volunteer file.  Yes  No

I give my consent to Canuck Place Children's Hospice to utilize my photograph(s) for public relation purposes.  Yes  No

Yes. Please add me to the Canuck Place mailing list so I can receive information about activities, including programs, services, special events and funding needs. I understand that my name can be removed by contacting [information@canuckplace.org](mailto:information@canuckplace.org). Please allow 15 business days for us to update our records.  Yes  No

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Signature

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Date

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