



# Volunteer Registration Form

The following information will assist us in determining your interests and abilities and will only be used to match an individual to a suitable position. This registration information will form part of your volunteer profile. St. Michael's Centre respects your privacy and we adhere to all legislative requirements with respect to privacy. We do not rent, sell or trade our lists of volunteers.

<b>PERSONAL INFORMATION:</b>			
Name:			
Address:			
City:	Postal Code:		
Home Phone:		Work Phone:	
Other:		E-mail Address:	
Date of Birth: Month:		Day:	
Age: 15-18 <input type="checkbox"/> 19-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60-69 <input type="checkbox"/> over 70 <input type="checkbox"/>			
<b>Emergency Health Information:</b> Is there any information a health care professional should know should you suddenly become ill? i.e., allergies, medical conditions, contact lenses, etc.			
In Case of Emergency Contact:			
Phone:		Relationship:	

<b>OCCUPATION/EMPLOYMENT HISTORY:</b>			
Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	
Current Employer:	_____		
May We Contact you at work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
What previous jobs have you had?			

<b>EDUCATION/TRAINING:</b>	
If you are currently a student, what school/university do you attend?	
Area of study and Grade Level:	
Please list any skills from either present or past employment/education which will contribute to your success as a volunteer:	
Have you any specific Hospital or Health Care training? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please describe:	

<b>ABILITIES/SKILLS:</b>	
Please describe your personal talents, hobbies, interests and special skills.	
Do you speak or write languages other than English? <i>Please specify</i>	

**VOLUNTEER EXPERIENCE:**

Are you presently a volunteer?  Yes  No

If Yes, where? \_\_\_\_\_

Please describe any previous volunteer experience:

\_\_\_\_\_

How many hours per week/month are you willing to volunteer?

What days are you available?  Mon.  Tue.  Wed.  Thurs.  Fri.  Sat.

What time of day are you available?  Mornings  Afternoons

**INTERESTS:**

Why are you interested in volunteering at St. Michael's Care Centre?

\_\_\_\_\_

What type of volunteering opportunities are you looking for?

Are you interested in assisting with Special Events?  Yes  No

**SCREENING:**

If requested, are you willing to submit to a criminal records check?  Yes  No

Please provide us with two references. ***Not from someone related to you or a personal friend. We require a business, professional or volunteer related reference.***

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_ Telephone: \_\_\_\_\_

**COMMITMENT:**

1. I confirm that the information in this volunteer application is complete and true.
2. I understand & agree that any omission or misrepresentation with respect to the information given may be cause for refusal of volunteer placement or if I am a volunteer at SMC, may be cause for immediate termination.
3. I authorize St. Michael's Centre to contact the references listed and give permission to these references to release all relevant information requested.
4. I agree to volunteer at St. Michael's Centre for 6 months or 75 hours or for a time agreed upon by the parties.
5. I agree to attend a mandatory Orientation for Volunteers & to complete the required training.
6. I agree to respect the confidential nature of the volunteer role, and I understand that breach of confidentiality is cause for dismissal from volunteer service.
7. I agree to abide by the Centre's policies, rules, and regulations.
8. I give permission for the Dept. of Volunteer Services to keep my personal information on site in both paper and electronic format. I understand that this information may be disclosed to any party with legal & proper interest, and I release the agency from any liability whatsoever for supplying such information.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

*Personal Information contained on this form is collected under the provisions of the Freedom of Information and Protection of Privacy Act and will be used only for the purposes indicated.*

**Please mail or fax your completed application to the attention of the Director, Volunteer Services.**  
7451 Sussex Avenue, Burnaby, BC V5J 5C2 Phone: (604) 434-1323, ext. 134 Fax: (604) 434-6469

