



Volunteer Application

Contact Information

Name: _____ Date: _____
Mr./Mrs./Ms. First Last

Address: _____
Street Address Apartment/Unit #

City Province Postal Code

Phone: _____ Email: _____

Age: ___under 18 ___19-30 ___31-50 ___51-65 ___66+

Availability

Please indicate how many hours per week/month/year you wish to volunteer:

Please indicate what days you are available:

___Monday ___Tuesday ___Wednesday ___Thursday ___Friday ___Saturday ___Sunday

Please indicate what times you are available:

___Mornings ___Afternoons ___All Day

What will your time commitment be?

___2+ years ___1 year ___6 months ___On an 'as needed' basis

Do you have special needs or restrictions we should be aware of?

What date can you begin volunteering?

Interests

Why are you interested in volunteering with BIAWW?

ABI survivor ABI caregiver Personal interest Student placement

Community service hours Other: _____

In what areas are you most interested in volunteering with BIAWW? (check all that apply)

Board of Directors (note: please complete the Board of Directors application on our website)

Support Groups (e.g., meeting facilitators, distributing flyers)

Lidz on Kidz program (e.g., assist coordinating school and community programs, fit helmets)

Information booths at community events

Special Events/Fundraisers

Unmasking Project (e.g., transporting masks, set up and tear down displays)

Art Program

Facebook support (e.g., contributing and tracking posts)

Outreach (e.g., researching other demographics: seniors, newcomers, low income)

Other (please list/describe):

Experience and Education

Please describe your educational/training/certifications background:

Please describe your employment history, including a brief description of your duties:

Please describe your volunteer history, including a brief description of your duties:

Please specify what skills you have that will assist you in the volunteer position that you are interested in:

Do you have any formal qualifications that are related to the volunteer work that you wish to do? If so, please specify:

What do you hope to gain from your volunteer experience with BIAWW?

Vulnerable Sector Check

All volunteer positions require a Police issued Vulnerable Sector Check.

Do you have a recent Vulnerable Sector Check (within the last two years)? ___Yes ___No

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed) _____

Signature _____ Date _____

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, colour, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application and for your interest in volunteering with BIAWW.