



521 Vernon Street
 Nelson, BC V1L 4E9
 ph: 250-352-6011
 fax: 250-352-9855
www.nelsoncares.ca

nelson
CARES
 society

Volunteer Application Form

Contact Information

Name	
Address	
City, Province, Postal Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

Weekdays: ___ Mornings ___ Afternoons ___ Evenings

Weekly (which days): _____

Monthly (how often): _____

How many hours per week or month?: _____

Occasional/one time/event: _____

Interests

Tell us in which areas you are interested in volunteering. Please check the type(s) of work you are willing and able to do:

Reception (answering phones, taking messages, greeting people who drop in, providing community resource information)

Clerical duties (typing, filing, etc.)

Cleaning, shopping, errands, etc.

Maintaining gardens, composters, etc.

Building maintenance, painting, etc. (require WorkSafeBC)

Publicity, ad writing, press releases

Writing articles on legal issues, poverty, violence, human rights, etc.

Research

Fundraising (providing ideas, organizing, etc.)

Grant research and preparation (looking into various funding sources, writing proposals)

Community contact, public relations, telephoning

Designing, updating and maintaining resource materials

Translation services

Teaching courses, workshops – what topics? _____

Other (please specify): _____

Work Experience

Please attach resume, or list your experience below

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Previous Volunteer Experience

What, if any, volunteer work are you presently doing?

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List past volunteer experience:

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Have you volunteered for Nelson CARES Society before? If so, when and in what area?

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Please describe any special gifts or interests you would like to share with us?

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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 Nelson CARES Society to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

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

OFFICE USE ONLY

Sent to: SCL AC SS WSP ADMIN EM

Date: