



5288 Joyce Street, Vancouver, B.C. V5R 6C9 | Phone: 604-435-0323 | Fax: 604-451-1191 | Website: www.cnh.bc.ca

Volunteer Registration Form

When the form is completed, it will be passed on to the appropriate Coordinator who will contact you directly for a short interview.

Date of Registration: _____

<u>CONTACT INFORMATION</u>			
Last Name	First Name	Preferred Name	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Address			
Date of Birth (dd/mm/yyyy)			
Home Phone/Cell Phone			
Email			
Languages Spoken/Written			
Status in Canada <input type="checkbox"/> Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> International Student <input type="checkbox"/> Visitor <input type="checkbox"/> Other (Please identify) _____			
Emergency Contact Name/Phone:			
<u>VOLUNTEER PREFERENCE</u>			
(Please note that some volunteer positions have a minimum requirement of 16 years old – Child Care, Youth, Recreation and Breakfast/Homeless programs)			
Volunteer Position Interested In (e.g. Working with child care, youth, recreation or kitchen, etc.)			
Preferred Location <input type="checkbox"/> Main House (5288 Joyce St.) <input type="checkbox"/> Offsite <input type="checkbox"/> Any Site			
If you are interested in Child Care, please indicate preferred age group: <input type="checkbox"/> Infants <input type="checkbox"/> Toddlers <input type="checkbox"/> 3-5 Group Care <input type="checkbox"/> Preschool <input type="checkbox"/> School Age			
<u>EDUCATION & EXPERIENCE</u>			
Education/Training <input type="checkbox"/> High School <input type="checkbox"/> University/College <input type="checkbox"/> Other (please specify) _____			
Most Recent Work Experience (Company name)			
	From	To	Position
Volunteer Experience (Organization name)			
	From	To	Type of Volunteer

<u>AVAILABILITY</u>									
<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thu	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
Volunteer at special events?		<input type="checkbox"/> Yes	<input type="checkbox"/> No						
Volunteer regularly each week?		<input type="checkbox"/> Yes	<input type="checkbox"/> No						
How many hours are you able to commit each week?									
How many months are you able to commit?									
Please let us know why you would like to volunteer at Collingwood Neighbourhood House (CNH).									
Where did you hear about CNH?									
<input type="checkbox"/> CNH Website (www.cnh.bc.ca)			<input type="checkbox"/> Volunteer Vancouver Website (www.govolunteer.ca)						
<input type="checkbox"/> CNH Facebook (www.facebook.com/cnh.bc.ca)			<input type="checkbox"/> Word of Mouth						
<input type="checkbox"/> CNH Program Brochure			<input type="checkbox"/> School						
<input type="checkbox"/> <i>Renfrew Collingwood Community News</i> (www.renfrewcollingwoodcommunitynews.com)			<input type="checkbox"/> Other: _____						
I would like to subscribe to the electronic version of the monthly <i>Renfrew Collingwood Community News</i> .									<input type="checkbox"/> Yes
I would like to be contacted by e-mail about special events/volunteer opportunities or other information.									<input type="checkbox"/> Yes
In which language would you like to receive an e-mail copy of our program brochure? <input type="checkbox"/> English <input type="checkbox"/> Chinese <input type="checkbox"/> Spanish									

Please note: This information will be used for the purposes of admission, registration, research and other purposes consistent with the mandate of CNH. The use of this information will be in compliance with the BC Freedom of Information and Protection of Privacy Act.

Signature: _____

<u>For Office Use</u>	
Copy to _____	on _____
Date on CRS result _____	
Database entered on _____	Access ID#: _____
Checked by _____	

Updated on July 21, 2015