



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

Volunteer Registration Form

After submitting the completed form, our Volunteer Coordinator will contact you via email within one month to follow up with other requirements and intake procedures. Please add Collingwood Neighbourhood House (CNH) to your contacts and check your junk folder. Thank you!

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
Street Address:		City:	Postal Code:
Date of Birth (dd/mm/yyyy) :			
Home Phone/Cell Phone:			
Email:		Languages Spoken/Written:	
Status in Canada <input type="checkbox"/> Canadian born <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 and Phone number required):			
<u>VOLUNTEER PREFERENCE</u>			
(Please note that you must be at least 16 years to volunteer with Child Care, Youth, Recreation and Breakfast/Homeless programs)			
Volunteer Position Interested in: (e.g. Working with child care(*), youth, recreation, seniors, kitchen, etc.)			
Preferred Location: <input type="checkbox"/> Main House (5288 Joyce St.) <input type="checkbox"/> Annex (3690 Vanness Ave.) <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

AVAILABILITY	
NOTE: Child care positions are available on weekday mornings and afternoons only. LINC program positions are available on weekday mornings only.	
<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?	
For how long are you able to commit to being a CNH volunteer? <i>(minimum 6 months suggested)</i>	
Please let us know why you would like to volunteer at CNH	
Where did you hear about CNH?	
<input type="checkbox"/> CNH Website (www.cnh.bc.ca)	<input type="checkbox"/> Renfrew Collingwood Community News (www.renfrewcollingwoodcommunitynews.com)
<input type="checkbox"/> Volunteer Vancouver Website (www.govolunteer.ca)	<input type="checkbox"/> CNH Program Brochure
<input type="checkbox"/> CNH Facebook (www.facebook.com/cnh.bc.ca)	<input type="checkbox"/> School
<input type="checkbox"/> Word of Mouth	<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 email 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: All information provided will be used for the purposes of admission, registration, research and other purposes consistent with the mandate of CNH. The use of this information is in compliance with the BC Freedom of Information and Protection of Privacy Act.

Signature: _____

For Office Use	
Copy to: _____	on: _____
CRS results date: _____	CRS expiry date: _____
Database entered on: _____	Access ID#: _____
Checked by: _____	