

Ray-Cam Co-Operative Community Centre – Volunteer Application Form

The information you provide on this form will be kept strictly confidential and is for office use ONLY

Application Date: _____ Name: _____

Address: _____

Phone Number: _____ Date of Birth: _____

Areas of Interest for Volunteering: (Please check three areas and indicate order of preference.)

- ___ Daycare ___ Youth ___ Family ___ Seniors
 ___ Afterschool Care ___ Computers Other _____

Availability: (Please indicate the times you are available)

- Monday _____ Tuesday _____ Wednesday _____
 Thursday _____ Friday _____ Saturday _____ Sunday _____

Education

Highest Level of Education Completed: _____ Current School: (If Applicable) _____

Employment

Current Employer: (If Applicable) _____

Position/Title: _____ Company/Employer: _____

Address: _____ Phone Number: _____

Emergency Contact

Name: _____ Phone Number: _____

Signature of Parent or Legal Guardian: (If under 18 years of age)

Name: _____ Phone Number: _____

Signature: _____

I recognize that there is some element of risk in programs. On behalf of myself and/or on behalf of my child, I release the City of Vancouver, The Board of Parks and Recreation of the City of Vancouver, Ray-Cam Co-Operative Association, Ray-Cam Community Association and their respective officers, employees, and agents from liability for claims for injuries or property loss arising from my child's attendance and participation in activities at this program, and further I agree to indemnify the said and Board, and Association and hold them harmless from any such claims.

Special training, skills, hobbies:

Please describe your prior volunteer experience (include organization names and dates of service):

Why do you want to volunteer? [Or what do you want to gain from this volunteer experience?] :

REFERENCES: Please list three references that know you well and can attest to your character, skills and dependability (NOT family members). Include your current or last employer.

Name/Organization	Relationship to You	Phone
1.		
2.		
3.		

Signature of Volunteer Applicant:

Signature: _____

Volunteer Agreement

This volunteer agreement was established on _____

Between: _____ and Ray-Cam Co-operative Centre.

The volunteer shall be assigned and perform the following volunteer work:

- a) Program Name: _____
- b) Program Time & Date: _____
- c) Supervisor: _____
- d) _____
- e) _____
- f) _____

The volunteer agreement shall start _____ and shall remain for the duration of the volunteer services outlined above. Review of agreement will occur two weeks after commencement (probationary period) to evaluate and determine continuing of volunteer assignment. Volunteer Agreement will end not later than _____ unless extended by agreement in writing by the volunteer and the Centre.

Termination of this Volunteer Agreement may be executed by either party with two weeks notice.

Volunteer	Ray-Cam Co-operative Centre	Date
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Volunteer Supervisor	Ray-Cam Co-operative Centre	Date
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Program Coordinator	Ray-Cam Co-operative Centre	Date
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