



Volunteer Registration Form

Date _____

NAME: _____ DATE OF BIRTH (DD/MM/YR): _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

HOME PHONE: _____ CELL: _____ WORK NUMBER: _____

HOME EMAIL: _____ WORK EMAIL: _____

EMERGENCY CONTACT NAME: _____

RELATIONSHIP TO YOU: _____ EMERGENCY CONTACT PHONE: _____

WHAT METHOD WOULD YOU PREFER WE USE WHEN CONTACTING YOU:

PHONE: HOME CELL WORK

EMAIL: HOME WORK TEXT

Are you a:

- Canadian Citizen
- Permanent Resident
- Visitor
- International Student

Are you a member of the Cowichan Intercultural Society? Yes No

Is there a special reason you would like to volunteer with us?

How did you learn about the Cowichan Intercultural Society? _____

What times would you like to volunteer?:

Weekdays:

- Monday Tuesday Wednesday Thursday Friday
- Mornings Afternoons Evenings

Weekends:

- Saturday Sunday
 Mornings Afternoons Evenings

How frequently would you like to volunteer? _____

Are you presently employed? Yes No Retired

Student - Education Level _____

If yes, to employed or student: Full-Time Part-Time

Employer/School Name: _____

Current Occupation: _____

Previous Occupation if Retired: _____

Please check areas of skill or interest:

- | | |
|--|--|
| <input type="checkbox"/> Administration (reception, data entry, poster design, writing, phoning) | <input type="checkbox"/> Family Volunteerism (opportunities to volunteer with your partner/spouse and/or children) |
| <input type="checkbox"/> Committee(s): Fundraising, Communications, Special Events, Board, etc. | <input type="checkbox"/> Driving/Transportation Support (Driver's Abstract and Third-Party 5430984300001696Liability Insurance required) |
| <input type="checkbox"/> English Language Tutoring | <input type="checkbox"/> Presentations (public speaking) and Intercultural |
| <input type="checkbox"/> Host Family Mentor | <input type="checkbox"/> Maintenance/Repair/Moving |
| <input type="checkbox"/> Childminding | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Special Events: event day tasks as required | <input type="checkbox"/> Youth Programs (Grades K-12) |

Other: _____

Languages you speak: _____

Do you have any other relevant skills, experience or interests?

Do you have any medical concerns or allergies that we should be aware of:

where cultures connect

Please provide 2 references (not relatives) who have known you for at least 2 years (please inform your references that they will be contacted.)

Reference Name: _____ Relationship to Volunteer: _____

Phone: _____ Email: _____

Reference Name: _____ Relationship to Volunteer: _____

Phone: _____ Email: _____

Please initial:

_____ Yes, I understand that a Criminal Record Check is required for all positions.

_____ Yes, I understand that I may be requested to provide a Driver's Abstract and adequate vehicle insurance.

_____ Yes, I understand that if I provide driving lessons, I do so at my own risk and liability and release Cowichan Intercultural Society from any responsibility for property damage or personal injury.

_____ Yes, I grant permission to Cowichan Intercultural Society to add my email to the mailing list in order for me to receive volunteer program updates and opportunities.

_____ Yes, I understand that if I do not receive emails I may miss out on updates and volunteer opportunities.