



Please list your previous employment experience(s). Attach your resume, if available.

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Please identify any health or physical restrictions that may affect your volunteer activity

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**Which services are you interested in volunteering for:**

- Services to children
- Services to youth
- Services to adults
- Administration
- Transportation
- Training
- Events support
- Fundraising
- Technology support
- Property maintenance
- Property repairs

Other \_\_\_\_\_

**Availability & Preference**

- Short term basis (up to six months)
- Long term basis (longer than 6 months)
- Regular assignment (once a week)
- Occasionally (as needed & available)

If you have a regular schedule, please indicate your availability

Day	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Mornings							
Afternoons							
Evenings							

How many hours per week or month would you like to volunteer? \_\_\_\_\_ / week \_\_\_\_\_ / month

What are your choices regarding the communities/areas you would like to volunteer at?

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Do you have any restrictions on travel/transportation?

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Do you have any other considerations regarding availability?

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Please provide three employer, volunteer or personal reference names and phone numbers.

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_

I hereby consent to Penticton and District Community Resources Society collecting and using the personal information supplied above solely to provide, or inform me about, programs, services and events or for statistical purposes.

Signature \_\_\_\_\_ Date \_\_\_\_\_ 20 \_\_\_\_\_

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**Office Use:**

Date Received: \_\_\_\_\_ 20 \_\_\_\_\_. Initials \_\_\_\_\_

Forwarded to: \_\_\_\_\_