

VOLUNTEER APPLICATION**Volunteer Role/Title:**

Our volunteer association is committed to diversity and inclusion. We welcome people with diverse abilities to volunteer with us. Our volunteer association values the unique contributions and talents our volunteers bring to our programs and services. We appreciate you taking the time to complete this form so we can better understand your needs and accommodation requirements. If you would prefer to discuss your application in person or have any question about the Volunteer Role, please contact Ms. Nice Manager, ph. 604-277-8910

Full (legal) first name		Last name	
Preferred first name		Pronunciation	
Address	Postal code	City	
Home phone Messages: Yes <input type="checkbox"/> No <input type="checkbox"/>		Cell phone Messages: Yes <input type="checkbox"/> No <input type="checkbox"/> Text: Yes <input type="checkbox"/> No <input type="checkbox"/>	
E-mail address			
Preferred method of communication	Home phone <input type="checkbox"/> Cell phone <input type="checkbox"/> E-mail <input type="checkbox"/> In writing - paper documents <input type="checkbox"/>		
Emergency contact	Cell phone		
Relationship	Home phone		
Do you identify as a person with a disability ? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, it would be helpful for us to have information about your condition as it relates to your functional abilities and accommodation requirements. To protect your privacy, we do not require a diagnosis of your health condition or any details regarding your medical history. However, we encourage you to discuss the volunteer role description with your health care providers to ensure that it is a good fit for you.			
Nature of your disability	Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Episodic/recurring <input type="checkbox"/>		
ACCOMODATION REQUIREMENTS - See attached Volunteer Role description			
Limitations – activities that you generally avoid but could perform on an occasional basis			
Restrictions - activities that you must avoid and cannot perform due to your disability			
Please describe any triggers that may cause your condition to worsen.			
What specific actions may be required in case of emergency?			
Environmental needs			
Adaptive equipment			
Preferred schedule	Monday: AM <input type="checkbox"/> PM <input type="checkbox"/> Tuesday: AM <input type="checkbox"/> PM <input type="checkbox"/> Wednesday: AM <input type="checkbox"/> PM <input type="checkbox"/> Thursday: AM <input type="checkbox"/> PM <input type="checkbox"/> Friday: AM <input type="checkbox"/> PM <input type="checkbox"/> Saturday: AM <input type="checkbox"/> PM <input type="checkbox"/> Sunday: AM <input type="checkbox"/> PM <input type="checkbox"/> Total hours per week:		