

**Vancouver Aboriginal Friendship Centre Society (VAFCS)**  
**Application Form for Volunteers**

Please return it by fax, email or in person at 1607 East Hastings Street Vancouver V5L 1S7

Tel: (604) 251-4844 fax: 604-251-1986

email: [info@vafcs.org](mailto:info@vafcs.org)

**1. General**

Name	
Address	
Email	
Home Phone	
Work Phone/ext	
Cell Phone	
Age and DOB	

**2. Availability-Please specify which department or**

- After school Recreation Program- Yes / No
- Elders Lunch Program (Cook Helper Food safe needed) Yes/ No
- Non-specific- Where most needed- Yes / No

When can you volunteer? Hours vary from 9:00 am to 6:00pm

	Mornings	Afternoons (til 6)
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

### 3. Your Resume - please attach

### 4. Your Expectations

Are you prepared to commit to volunteering for one year with a 3-month probationary period? If not, what period can you commit to?	___yes/no___
I am interested in volunteering because...	
What would you like to do during your volunteer experience?	
spoken Languages and written	
Are you volunteering to meet school, university or other requirements?	___yes/no___
If so, will you continue to volunteer once your requirements have been met?	___yes/no___

### 5. Emergency Contact Information

Name	
Relation to volunteer	
Phone Number 1	
Phone Number 2	
Email	

## 6. Previous Volunteer Experience

Organization 1	
Position	
Dates	
Organization 2	
Position	
Dates	
Other volunteer history:	

## 7. References (must have known you at least 2 years)

Name 1	
Relation to volunteer	
Phone number	
Email	
Name 2	
Relation to volunteer	
Phone number	
Email	

## 8. Qualifications – Please Provide Details

Are you in school?	___yes/no___
Do you have any special training?	___yes/no_ What is it?
Any leadership/first aid training?	___yes/no___
Any volunteer orientation?	___yes/no___
CPR Certification Level?	___yes/no___

Food Safe?	___yes/no___
First Aide?	_____ Yes / _____No
Anything else that would be helpful?	

## 9. Police Records Check

A Police Records Check is required for all volunteers over 19, except for special events for which the volunteer period is less than 10 hours. You are required to provide a Police Records Check at your own expense, which must be no more than three months old when you start to volunteer. The existence of a criminal record does not automatically bar you from applying at VAFCS. But we must know about it and the circumstances.

VAFCS will provide a letter to you to submit to the police, which will reduce the cost.

Have you been convicted of any criminal offence for which you have not received a pardon?

\_\_\_yes/no\_\_\_

If yes, please provide date and details separately.

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## 10. Confidentiality

By submitting this application, you are committing to honoring the following confidentiality requirements:

- I promise to hold in confidence all matters that come to my attention as a volunteer for the Vancouver Aboriginal Friendship Centre Society (VAFCS), including all information about clients and colleagues. I will not give out names, addresses or telephone numbers of the staff, other volunteers or program participants.
- I will respect the privacy of the people and VAFCS and will consult appropriately with those designated as my supervisors.
- I will use in a responsible and confidential manner all information gained in the course of my volunteer work with VAFCS.
- I will conform to the policy and procedures of the VAFCS and will adhere to the highest ethical and moral standards.
- I understand that violation of this confidentiality agreement may result in immediate revocation of the volunteer opportunity.

## 11. Permission to Take and Use Your Photograph

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12. VAFCS uses photos of volunteers in its reports, other publications and websites. I consent to photographs, audio, and/or video recordings of myself being published for these purposes. I waive any claim that I may have against VAFCS arising from the use of such photographs, audio and/or video recordings of myself.

13. General Release and Discharge of Liability-

14. I acknowledge there is a certain risk in volunteering. I agree to assume all reasonable risks. I hereby release and forever discharge VAFCS, and its employees, directors, and volunteers from any cause of action or claim for damages, whether bodily injury, death, property damage, or emotional trauma, anxiety or distress arising from my volunteer work or my association with VAFCS.

15. Newsletter and History of VAFCS

16. The Volunteer Program releases a newsletter, and I consent to my email address being placed on the subscription list.

17. Please view the short slideshow on the volunteer page of the VAFCS website on the history of VAFCS: [www.vafcs.org](http://www.vafcs.org)

18. Permission to Investigate and Collect Information \_\_\_\_\_

\_\_\_\_\_

19. I authorize VAFCS to collect personal information appropriate to the opportunities applied for concerning my academic background and employment/volunteer history and to verify the references I have supplied.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I declare that the above information is true and complete to the best of my knowledge. I understand that a false statement may disqualify me from further consideration as a volunteer or result in dismissal.*

\_\_\_\_\_  
\_\_\_\_\_

**Date**

**Applicant Signature**

## **20.Consent of Parent/Guardian if Volunteer is Under 19**

<b>Name of Volunteer</b>	
<b>Birth date (ex: November 3, 19xx)</b>	
<b>Age</b>	
<b>Name of Parent/Guardian</b>	
<b>Address</b>	
<b>City, Postal Code</b>	
<b>Telephone numbers</b>	
<b>Email</b>	

*I am the parent/guardian of the volunteer applicant and consent without restrictions to him/her volunteering for VAFCS. I understand that volunteering has a certain degree of risk. I have carefully considered the risk involved and given consent for the volunteer to participate as a volunteer in activities of VAFCS. I release VAFCS and its employees, volunteers and participants, from any and all claims or liability that may arise.*

*In case of emergency involving the volunteer, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provided selected by VAFCS and its staff to secure proper treatment to the best of their ability.*

*I have read the application herein and verify that the information contained is correct.*

**Date**

**Applicant (or Parent/Guardian)**