



VOLUNTEER APPLICATION

Please submit application to mlatour@CoolAid.org
 PH: 250.383.1951 x 4 FAX: 250.383.1639

If you'd like more information on Cool Aid's volunteer programs or would like to apply directly to a specific, please contact...

Colby Young	Every Step Counts	250. 383.0076	cayoung@CoolAid.org
Colby Young	Downtown Community Centre	250. 383.0076	cayoung@CoolAid.org
Gina Denis	REES Program Assistant	250.595.8619	gdenis@CoolAid.org
Jessica Christensen	Community Health Centre	250. 385 .1466	jchristensen@CoolAid.org
Michelle Latour	Shelters Volunteer Administrator	250.383.1951 x 4	mlatour@CoolAid.org

Full Name:
Birth Date:
Mailing Address:
City/Postal Code:

Please provide the following information and indicate your preferred method of contact:

Phone (Home):	Phone (Work):	Email Address:
Cell Phone:	If applicable would you be willing to use your cell at a volunteering event? <input type="checkbox"/> YES <input type="checkbox"/> NO	Languages (spoken/written):

Days of Availability:	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>	Saturday <input type="checkbox"/>	Sunday <input type="checkbox"/>
Hours of Availability:							

Primary reasons for volunteering <i>What do you hope to gain from this experience?</i> <ul style="list-style-type: none"> <input type="checkbox"/> Support the Cool Aid Society <input type="checkbox"/> Meet people / get out of the house <input type="checkbox"/> Work experience <input type="checkbox"/> Help others <input type="checkbox"/> Fulfill program requirements (<i>please specify</i>) <input type="checkbox"/> Other (<i>please specify</i>) 	Life activities <i>What is going on in your life?</i> <ul style="list-style-type: none"> <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Parenting or other caregiving <input type="checkbox"/> Other activities <input type="checkbox"/> School / Training (<i>name of program</i>) <input type="checkbox"/> Seeking Employment (<i>type</i>)
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Please list any physical or health restrictions (including allergies):

EMERGENCY CONTACT INFORMATION:		
First Name:	Last Name:	Relation:
Phone:	Cell Phone:	Work Phone:

**VOLUNTEER APPLICATION
SKILLS & EXPERIENCE**

Please specify any relevant volunteer or paid work experience: *Resume Attached*

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Professional Qualifications *(please list any relevant degrees/training/professional qualifications)*

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CERTIFICATIONS		
<input type="checkbox"/> First Aid / CPR	Level:	Expires:
<input type="checkbox"/> Food Safe	Level:	Expires:
<input type="checkbox"/> Other (please specify)		

COMPUTER SKILLS		
<input type="checkbox"/> Basic use of computer	<input type="checkbox"/> PC	<input type="checkbox"/> MAC
DRIVING & VEHICLE USE		
<input type="checkbox"/> Valid BC Driver's License	Class:	

I am willing to obtain a criminal record check and provide it to Victoria Cool Aid Society for review.
*This process is free for volunteers through the Ministry of Justice's criminal record review program.
 Staff will provide you with more details.*

Any other comments or thoughts you wish to add? *(Attach extra pages as needed).*

Volunteer Interests	
<input type="checkbox"/> Office administration / data base	<input type="checkbox"/> Preparing or serving food
<input type="checkbox"/> Placing phone calls	<input type="checkbox"/> Special events
<input type="checkbox"/> Gardening / Yard work	<input type="checkbox"/> Housekeeping/Maintenance
<input type="checkbox"/> Street cleaning / rig digging	<input type="checkbox"/> Computer room
<input type="checkbox"/> Working with clients	<input type="checkbox"/> Shelter support/day services
<input type="checkbox"/> Facilitating activities with clients	<input type="checkbox"/> Packing harm reduction supplies
<input type="checkbox"/> Organizing donations	<input type="checkbox"/> Fundraising Support
<input type="checkbox"/> Sharing my professional services	<input type="checkbox"/> Other <i>(please specify)</i> :
<i>(please specify):</i>	

Volunteer Locations
<input type="checkbox"/> Central Services / Admin <i>(102-749 Pandora Ave.)</i>
<input type="checkbox"/> Community Health Centre <i>(713 Johnson St.)</i>
<input type="checkbox"/> Downtown Community Centre <i>(755 Pandora Ave.)</i>
<input type="checkbox"/> Every Step Counts <i>(755 Pandora Ave.)</i>
<input type="checkbox"/> Next Steps Shelter <i>(2317 Dowler Pl.)</i>
<input type="checkbox"/> REES Program <i>(465 Swift St.)</i>
<input type="checkbox"/> Rock Bay Landing <i>(535 Ellice St.)</i>
<input type="checkbox"/> Sandy Merriman House <i>(809 Burdett Ave.)</i>
<input type="checkbox"/> Other <i>(please specify)</i> :

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me in any application may result in my immediate dismissal.

All information collected on this form will be kept private and used only for Cool Aid administrative purposes.

Name: _____

Date: _____

Signature: _____