



**Volunteer Nanaimo**

**People Helping People**

**#E – 3148 Barons Rd, Nanaimo BC V9T 4B5**

**Phone: (250) 758-7121 Fax: (250) 758-7106 Email: vn3148@gmail.com**

**PLEASE PRINT**

Last Name:		First Name:		Middle Initial:
Home Address:			Postal Code:	
Primary Phone:		Cell Phone:		
Email Address:				
Valid Driver's License <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>AVAILABILITY</b>				
Monday	<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Evenings	
Tuesday	<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Evenings	
Wednesday	<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Evenings	
Thursday	<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Evenings	
Friday	<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Evenings	
Saturday	<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Evenings	
Sunday	<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Evenings	
<b>SECURITY INFORMATION/ RELEASE</b>				
Have you ever been charged with an indictable offense and not received a pardon? <input type="checkbox"/> Yes <input type="checkbox"/> No I declare that the information provided on this application is correct and complete and I hereby authorize the Volunteer Nanaimo to verify the information submitted herewith.				
SIGNATURE			DATE	

**PLEASE PRINT**

<b>EMERGENCY CONTACT INFORMATION</b>		
Primary Contact Name:		
Relation:		
Primary Phone:	Cell Phone:	Work Phone:
Secondary Contact Name:		
Relation:		
Primary Phone:	Cell Phone:	Work Phone:
<b>VOLUNTEER INFORMATION</b>		
<i>Select what volunteer categories best apply to your interests</i>		
<input type="checkbox"/> Addictions/Mental Health	<input type="checkbox"/> Animal Care	<input type="checkbox"/> Board/Committee
<input type="checkbox"/> Community Health Services	<input type="checkbox"/> Drivers	<input type="checkbox"/> First Nations
<input type="checkbox"/> Food Services	<input type="checkbox"/> Fundraising/Events	<input type="checkbox"/> Homeless/Outreach
<input type="checkbox"/> IT/Computer	<input type="checkbox"/> Office/Clerical	<input type="checkbox"/> Outdoor
<input type="checkbox"/> Retail	<input type="checkbox"/> Seniors	<input type="checkbox"/> Virtual
<input type="checkbox"/> Youth		
Are you interested in being on the volunteer list for SPECIAL EVENTS? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<p><b>Please fill out and return to <a href="mailto:vn3148@gmail.com">vn3148@gmail.com</a></b>  <b><i>For us to keep you up to date with information it is vital that you inform us when any of the above data changes</i></b></p>		

***Information contained herein will not be shared or sold. This form will be shredded after 5 years.***