

## VOLUNTEER APPLICATION

**Please Print:**

Name: \_\_\_\_\_  
Last First Initial

Mailing Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Tel (home): \_\_\_\_\_ (work #) \_\_\_\_\_

Email: \_\_\_\_\_ (optional)

Previous volunteer experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

References: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special training: \_\_\_\_\_  
\_\_\_\_\_

Reasons for volunteering: \_\_\_\_\_  
\_\_\_\_\_

Hobbies, interests: \_\_\_\_\_  
\_\_\_\_\_

Types of program in which you would like to volunteer: \_\_\_\_\_  
\_\_\_\_\_

Days and times available: \_\_\_\_\_  
\_\_\_\_\_

Do you have any disabilities, which may affect your volunteer work? \_\_\_\_\_  
\_\_\_\_\_

Have a car? Yes ( ) No ( )

Would use a car for volunteer transport? Yes ( ) No ( )

Personal Reference:

1) \_\_\_\_\_ Tel: \_\_\_\_\_

2) \_\_\_\_\_ Tel: \_\_\_\_\_

I agree to keep all information confidential regarding the Comox Valley Nursing Centre/Vancouver Island Health Authority

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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Operating the **Comox Valley Nursing Centre**

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