



## **VOLUNTEER APPLICATION**

Volunteers are the backbone of our organization. Please complete this form if you are interested in becoming a volunteer with us. *\*Must be 18 years of age or older and have an up-to-date Vulnerable Sector Check (obtained within 1 year of submitting your application).*

**Date:** \_\_\_\_\_

**Your Name:** \_\_\_\_\_

**Pronouns:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_

**How Did You Hear About Us?:** \_\_\_\_\_

**Do you identify as one or more of the following?**

- ☐ Senior (65+)
- ☐ LGBTQ+
- ☐ Indigenous
- ☐ Newcomer
- ☐ Not Applicable/Prefer Not to Say

**What area(s) of volunteer work are you interested in?**

**Please check all that apply.**

☐ Group Facilitator

List of Groups We Offer:

☒ Group(s) of Interest:

☐ Bilingual/Trilingual Peer Supporter

☐ Mission Ambassador

☐ Event Support

☐ Other (please specify): \_\_\_\_\_

*If a successful candidate, I acknowledge I must obtain and/or submit an up-to-date Vulnerable Sector Check.*

☐ Yes  
☐ No



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**What type(s) of volunteer/related experience do you have?**

**What type(s) of loss have you experienced?**

**Please provide any additional information that you believe might be beneficial for us to know:**

**Please list any languages spoken/written and indicate if: *basic, intermediate, or advanced.***

<b>Language</b>	<b>Level Spoken</b>	<b>Level Written</b>

**Please mark an 'X' to indicate your availability.**

	<b>Morning (9am-12pm)</b>	<b>Afternoon (12pm-5pm)</b>	<b>Evening (5pm-9pm)</b>
<b>Monday</b>			
<b>Tuesday</b>			
<b>Wednesday</b>			
<b>Thursday</b>			
<b>Friday</b>			
<b>Saturday</b>			

**Thank you for your interest in volunteering with the  
Centre for Grief & Healing (BFO-H/P).**