

Volunteer Application Form

Please select:

- Individual Volunteering
 Group Volunteering

Primary Contact Information

Date	First Name	Middle Initial	Last Name
Preferred Phone Number	Secondary Phone Number		When is the best time to reach you?
Address			
Address			
City	Postal Code	Email	

Please fill out this section if you are applying as a group

Name of Group or Affiliation		
Number of People in Group?	Wish to Volunteer together at a single site, same time? <input type="checkbox"/> Yes, at a single site (<i>suitable for small groups</i>) <input type="checkbox"/> Sites that are near each other are acceptable <input type="checkbox"/> Doesn't matter	Are all group members aged 19 and over? <input type="checkbox"/> Yes <input type="checkbox"/> No If no: What is the age range of those under 19? _____ Does the group include one or more adults? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*Lookout serves adults. For this reason, volunteer opportunities may be limited for those under 19 years of age. Please enquire.</i>

Please tell us about yourself

Interests / Hobbies / Work Experience / Unique Skills
Relevant certifications <input type="checkbox"/> Food Safe <input type="checkbox"/> First Aid <input type="checkbox"/> WHMIS <input type="checkbox"/> Criminal Record Check <input type="checkbox"/> Other

Volunteer Interests *(please check all that may apply)*

ACTIVITIES <input type="checkbox"/> Hosting bingo games within the shelters or drop in <input type="checkbox"/> Assisting staff in activities: pool, card tournaments, outings <input type="checkbox"/> Facilitating art lessons or other activities	SKILL BUILDING <input type="checkbox"/> Teaching people how to use a computer <input type="checkbox"/> Involving residents in community kitchens <input type="checkbox"/> Teaching budgeting, nutritional and cooking MAINTENANCE <input type="checkbox"/> Janitor Aide <input type="checkbox"/> Handyman Aide	HOUSEKEEPING <input type="checkbox"/> Helping make beds, disinfect the sleeping and common rooms <input type="checkbox"/> Helping sweep and mop floors everywhere! KITCHEN HELP <input type="checkbox"/> Assist in preparing, serving & cleaning up after meals	SPECIAL EVENTS or OCCASSIONAL <input type="checkbox"/> Helping at fundraising events or community events including setting up booths <input type="checkbox"/> Fall/spring clean-ups of our buildings <input type="checkbox"/> Painting a room <input type="checkbox"/> Landscaping / gardening <input type="checkbox"/> Christmas events	OFFICE HELP <input type="checkbox"/> Database entries <input type="checkbox"/> Updating records <input type="checkbox"/> Correspondence <input type="checkbox"/> Updating information CLOTHING ROOM <input type="checkbox"/> Organizing donated clothing <input type="checkbox"/> Helping fill gaps by calling around OTHER <i>(describe)</i>
Please indicate preferred location	<input type="checkbox"/> Downtown Vancouver <input type="checkbox"/> Mt. Pleasant, Vancouver	<input type="checkbox"/> North Shore <input type="checkbox"/> New Westminster	<input type="checkbox"/> Surrey <input type="checkbox"/> Abbotsford	

How did you hear about Lookout's volunteer program?

From (start date)	To (if known):	OPTIONAL: My commitment this year will be <input type="checkbox"/> one time <input type="checkbox"/> 40 hours <input type="checkbox"/> 80 hours <input type="checkbox"/> 190 hours <input type="checkbox"/> other				
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Please indicate your availability

Time Commitment

Per week	Per month	Special Occasions (one time)	Other

Personal

Health Issues to be aware of		Emergency contact (relationship)	Emergency phone number

Agreement

Lookout Emergency Aid Society will not share or sell your personal information.	
By signing this, you agree: <input type="checkbox"/> that you are least 18 years of age <i>* if less than 18 years of age, must be signed by Parent or Guardian</i> <input type="checkbox"/> that we may contact you in the regular course of your Volunteer duties <input type="checkbox"/> from time to time we may contact you regarding special Lookout events	You further agree: <input type="checkbox"/> To hold confidential all personal information gained in the course of your shift <input type="checkbox"/> To abide by the Team Lookout Code of Conduct <input type="checkbox"/> To complete a Criminal Record Check, should it be required
Signed	Please print name
Signed (Parent or Guardian if applicable)	Please print name

Lookout Authorized Signature	Please print name	Date

Please fill out and email a scanned copy to Janice Lovick, Volunteer Coordinator for Lookout Society at volunteer@lookoutsociety.ca

If unable to send a scanned copy please mail to LOOKOUT SOCIETY, 544 Columbia Street, New Westminister BC V3L 1B1 or fax 604-255-0790, attention JANICE LOVICK.