

CBOH Volunteer Application



Contact Information

Name: _____
Date of Birth: _____
Street Address: _____
City, Postal Code: _____
Home Phone: _____
Cell Phone: _____

(Cell Phone Number is mandatory for deliveries)

Email: _____

Contact Preference: Email Home Phone Cell Phone

- Yes, I would like to be added the distribution list for newsletters and events. I am aware that I can unsubscribe to these at any time.
- Yes, I am interested in a membership with Chilliwack Bowls of Hope. Please provide me with a membership application.

T-Shirt Size: _____

Availability

Weekday	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

I am interested in volunteering _____ hours per week or _____ hours per month.

Areas of Interest

Please select the areas you are interested in volunteering:

- Events Food Prep. Fundraising Deliveries Committee

Skills:

Please summarize any skills you have acquired over the years from employment, previous volunteer work, or through other activities, such as hobbies or sports.

Previous Volunteer Experience:

Please summarise your previous volunteer experience.

Emergency Contacts:

1. Name: _____
Relationship: _____
Home Phone: _____
Cell Phone: _____
Email: _____

2. Name: _____
Relationship: _____
Home Phone: _____
Cell Phone: _____
Email: _____

References:

Only one of your references may be a family member. Other suggestions include co-workers, teachers, religious leaders, supervisors from previous volunteer experience, past employers, etc.

1. Name: _____
Relationship: _____
Home Phone: _____
Cell Phone: _____
Email: _____

2. Name: _____
Relationship: _____
Home Phone: _____
Cell Phone: _____
Email: _____

Policy & Agreement

Criminal Record Check:

It is mandatory that all persons applying to be a volunteer with CBOH, complete a Criminal Record Check., (a link will be given by CBOH Coordinator.) .

Drivers Abstract:

Once having discussed your application with the CBOH Program Coordinator, it may be requested that you submit a drivers abstract. (details will be given by CBOH Coordinator).

Its is mandatory that all volunteers driving our CBOH vehicles have a Class 5 license.

Social Media:

By checking this box I certify that any pictures of me taken during volunteer, can be posted on all CBOH social media platforms.

By checking this box I certify that the information in this form is correct and complete.

Name: _____

Signature: _____

Date: _____

Thank you for completing this application and for your interest in volunteering