



2934 E22nd Ave
Vancouver BC
V5M 2Y4

VOLUNTEER APPLICATION FORM

Our Mission: *To enhance the lives of those we serve through providing a continuum of health, housing and supportive services in a campus of care model, to meet their physical, emotional and social needs. We will work in concert with the Three Links 'family', our community, network of stakeholders, partners and service providers to make a positive contribution through service.*

Name: _____ Date: _____
Last First

Address: _____
No. Street City Postal Code

Telephone (home): _____ Cell: _____ e-mail: _____

Birth Month: _____

Are you between the ages of 19 and 75? Yes No

Applicants under the age of 19 need parent/guardian consent to participate in the Three Links Care Society Volunteer Program)

In case of emergency, contact: _____ Phone: _____

Please list any medications, health issues or physical challenges that might affect your volunteer work. *The Community Care Facility Licensing Act requires that you must be free of communicable diseases:* _____

Current occupation or school: _____

Education/Career Interests? _____

Previous/current volunteer experiences:

Reason for wishing to volunteer ? _____

Interests/hobbies: _____

Languages spoken fluently: _____

Availability

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Length of Commitment

3 months (minimum) 6 months 12 months Longer

Three Links Care Society seeks to protect participants, volunteers, employees and the community through appropriate screening. Reference checks are required for all employees and volunteers. Please provide the names of two references that we may contact (no immediate family or friends please).

Name: _____ Phone _____

Relationship: _____ email _____

Name: _____ Phone _____

Relationship: _____ email _____

NOTE: Successful applicants (age 12 years and older) may be required to have a criminal record check. Any fee charged will be paid by the volunteer.

Have you ever been convicted of any criminal offense other than a minor traffic violation?
 No ____ Yes ____ (If yes please be prepared to disclose in confidence to our Volunteer Coordinator)

Signature of Applicant: _____ Date: _____

(If applicant is under 19 years)

Signature of Parent/Guardian: _____ Date: _____

Photo Release Consent

I hereby grant permission to Three Links Care Society representatives, to take and use: photographs and/or digital images of me for use in news releases and/or educational materials. These materials might include printed or electronic publications, Web sites or other electronic communications. I understand that my identity in connection with the image(s) will not be revealed in text.

Signature of applicant: _____ Date: _____

(If applicant is under 19 years)

Signature of Parent/Guardian: _____ Date: _____