



New View Society Volunteer Application Form

2050 Mary Hill Road, Port Coquitlam, BC, V3C 2Z8

Name: _____ Date: _____

Address: _____ City: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact:

Name: _____ Phone: _____ Relationship: _____

Education:

Work Experience:

Volunteer Experience:

How did you hear about volunteering at New View Society?

Why would you like to volunteer at New View? Why will you be a good fit for New View and vice versa?

Do you have any specific hobbies/knowledge/abilities that you would like to share or use?

Which days are you available (or not available) to volunteer?

Is there anything else you would like to share or feel is relevant?

Are you willing to make a 6 month commitment (minimum 75 hours)? YES NO

Are you willing to have a criminal record check done? YES NO

REFERENCES:

List two references, preferably not family.

NAME	EMAIL	PHONE	CONNECTION

Signature of Applicant

Date