

Interview Medical Assessment Oath of Confidentiality
TB Test Criminal Record Check Reference Checks

AiMHi
APPLICATION FOR VOLUNTEER

APPLICATIONS ARE REQUIRED TO BE COMPLETED IN YOUR OWN HANDWRITING
All sections of this application must be completed. Failure to do so may result in your
application not being considered.

**IT IS A REQUIREMENT OF THE COMMUNITY CARE LICENSING
ACT THAT INDIVIDUALS BE 19 YEARS OF AGE OR OLDER**

(Surname)	(First Name)	(Initial)	
(Mailing Address)	(City)	(Province)	(Postal Code)

Contact Info: Home: _____ Email address: _____

Are you 19 years of age or older? Yes _____ No _____
Do you have a valid B.C. Driver's License? _____ Class # _____
Have you completed a First Aid course? _____ If so, which one? _____
Date of expiry _____
Have you been tested for tuberculosis? _____ If so, when? _____
Do you have a criminal record? _____

EDUCATION

Name & Location Of School/Institution	Courses/Diploma/Degree	Dates Started/ Completed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYMENT HISTORY

Are you presently employed? If yes: **Employer:** _____
Position held: _____ Full time: _____ Part time _____

Why are you applying for volunteer work at AiMHi? _____

PREVIOUS VOLUNTEER HISTORY: (Give name and address of agency, dates worked, job title, job description, and duties).

1. _____

2. _____

Interest, Hobbies or Skills: _____

How did you hear about our organization?: _____

Available for volunteer work: Weekdays
(Specify days)

Morning _____
Afternoon _____
Evening _____

Weekends
(Specify days)

When can you start?: _____

Type of Volunteer Work Preferred

Community service:

- Adult
- Children

What do you hope to gain by volunteering with our organization? _____

REFERENCES:

1. _____
 (Name) (Position) (Company)

 (Phone Number)

2. _____
 (Name) (Position) (Company)

 (Phone Number)

3. _____
 (Name) (Position) (Company)

 (Phone Number)

DECLARATION:

MY SIGNATURE BELOW CERTIFIES THE INFORMATION IN THIS APPLICATION IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF ANY OF THESE STATEMENTS ARE FOUND TO BE UNTRUE, THIS APPLICATION MAY BE REJECTED.

I UNDERSTAND THAT A CRIMINAL RECORD CHECK AND REFERENCE CHECKS ARE CONDITIONS OF VOLUNTEERING AT AIMHI - PRINCE GEORGE ASSOCIATION FOR COMMUNITY LIVING.

DATE: _____ **SIGNATURE:** _____