



## VOLUNTEER APPLICATION

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**Please print clearly**

Name: \_\_\_\_\_  
First name Last name

Address: \_\_\_\_\_  
Apt. # Street Address

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home #: \_\_\_\_\_ Business #: \_\_\_\_\_

Fax #: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Gender: Male  Female  Date of Birth: \_\_\_\_\_  
(MM/DD/YYYY)

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What has motivated you to complete an application to volunteer with the ALS Society of BC?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a special connection to ALS? Yes  No   
If "yes" please explain: \_\_\_\_\_

\_\_\_\_\_

How did you hear about volunteering with us? \_\_\_\_\_

\_\_\_\_\_

Please list the skills or abilities that you feel you could bring to a volunteer position:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you enjoy meeting new people? Yes  No   
Are you comfortable in a role of leadership? Yes  No   
**Availability:** Weekdays: Mornings  Afternoons  Evenings   
Weekends: Mornings  Afternoons  Evenings

**Please indicate the area(s) that you are interested in by checking the appropriate box(es).**

Office Support  Equipment Delivery  Special Events   
Public Awareness  Support Group Facilitator  Support Group Assistant   
Fundraising  Special Event Committee Member  Home Visit Program

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#1233-13351 Commerce Parkway, Richmond, BC V6V 2X7

Ph: (604) 278-2257 or 1-800-708-3228

Fax: (604) 278-4257 Email: [volunteer@alsbc.ca](mailto:volunteer@alsbc.ca)

Website: [www.alsbc.ca](http://www.alsbc.ca)



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### Volunteer History (If applicable)

1. Organization \_\_\_\_\_ Position \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Duties \_\_\_\_\_

2. Organization \_\_\_\_\_ Position \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Duties \_\_\_\_\_

### References (not family please)

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Company \_\_\_\_\_ Phone # \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Company \_\_\_\_\_ Phone # \_\_\_\_\_

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### Person to contact in case of an emergency:

Name \_\_\_\_\_ / \_\_\_\_\_

Relationship \_\_\_\_\_

Phone # \_\_\_\_\_

### Volunteer Agreement

Upon completion of this application, I hereby agree to abide by the policies and procedures of the ALS Society of BC.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTES: (Office Use Only)

Date Received: \_\_\_\_\_

Interview Date: \_\_\_\_\_

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