



MOOD DISORDERS ASSOCIATION  
OF BRITISH COLUMBIA

## VOLUNTEER APPLICATION FORM

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

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PHONE: (Home) \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

When is the best time to contact you by telephone? \_\_\_\_\_

Where can we leave a message? \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(street) (city) (postal code)

OCCUPATION: \_\_\_\_\_

- |  |                                  |  |
|--|----------------------------------|--|
| <input type="checkbox"/> homemaker                             | <input type="checkbox"/> retired | <input type="checkbox"/> looking for employment? |
| <input type="checkbox"/> student <input type="checkbox"/> p/t  | <input type="checkbox"/> f/t     | Where? _____                                     |
| <input type="checkbox"/> employed <input type="checkbox"/> p/t | <input type="checkbox"/> f/t     | Position? _____                                  |

### EXPERIENCE:

Have you volunteered before Y / N

Where? \_\_\_\_\_

Type of work \_\_\_\_\_

### SKILLS:

Please list any special skills and/or hobbies (i.e. computer, languages, office, research, etc.)

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

### AVAILABILITY (Please indicate times available)

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

**VOLUNTEER WORK OBJECTIVES - I WOULD LIKE TO:**

- have fun and meet new people
- share skills
- explore a new career
- develop new skills
- do something nice for others
- enhance my personal growth

Other \_\_\_\_\_

**I WOULD LIKE TO VOLUNTEER FOR THE FOLLOWING:**

- Support Group Facilitator
- Education Evenings
- Brighten the Day Program
- Special Events
- Trade Shows/Info Fairs
- General Office
- Other
- Tell Us About An Area
- You Have An Interest In

Please Specify \_\_\_\_\_

**REFERENCES: List 2 people (other than a friend or relative) who know your work record.**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_  
(day) (evening)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_  
(day) (evening)

**EMERGENCY CONTACT:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_  
(day) (evening)

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**Office Use Only**

	Date	Initial
Interview:		
Referred to:		
Orientation:		
Follow up:		