

Volunteer Application Form

NEIGHBOURHOOD HOUSE

South Burnaby Office: 4460 Beresford St., Burnaby, B.C. V5J 0B8 Tel #: 604-431-0400

North Burnaby Office: 4463 Hastings Street, Burnaby, B.C. V5C 2K1 Tel #: 604-294-5444

For Office Use Only: Interviewed by:
Security Check Result:
Date:
Reference Check:
Placement:
Comments:

First Name:	Last Name:			
Sex: Phone #:				
Cell #:				
City:	Po	stal Code:		
Email Address:				
Emergency Contact:		51	WENT #	P gyas annual annual gy gyas annual annual gy gyas annual annual gy gyas annual annual gy gyas annual annual g
Name:	Day Phone #:			
Family Doctor:	Phone #			
Education:				
Elementary: Seconda	ry:(Grade)	Post-Seconda	ary:	
Languages you are fluent in:				
Speak:			·	
Read/Write:				
Employment (if applicable)				
Company:	# years:	Address:		
Postal Code:	_ Name of Supervisor:		Phone #:	
References:				
1) Name:		Phone	e#:	
Relationship (Friend, Co-Wor	ker, Employer etc.)			

Please Turn Over



Volunteer position(s) you are applying for: Available which days & times: Why would you like to volunteer with the BNH? Do you have any health problems (allergies, diabetes, etc.) or restrictions which might require attention/observation? If so please specify: Do you have any special certification (first aid, class 4, etc) that will be useful to your position? If so what is it and when does it expire? Please Check The Box(es) For The Area(s) You Would Like To Volunteer At: North Burnaby Location: South Burnaby Location: Date: Couth Applicants: (if you are under 19 years old, please have your parent/guardian sign pelow) ,, grant permission for my son/daughter (please print name) named above to volunteer with the Burnaby Neighbourhood House, and agree to assume a inancial responsibility in case of injury or accident in connection with his/her volunteer issignments.	2) Name:	Phone#:				
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inancial responsibility in case of injury or accident in connection with his/her volunteer assignments.	(please print name)					
Signature: Date:						
	nature: Date:					
	For Office Use Only:					



#100-4460 Beresford Street, Burnaby, B.C., V5H 0B8 Office: 604-431-0400 | Fax: 604-431-9499 www.burnabynh.ca

To: RCMP	
Date :	
Dear Sir/Madam,	
	has applied to be a volunteer with the Burnaby the policy of our organization regarding volunteer a Local Criminal Record Check to qualify. We request
Burnaby Neighbourhood House Attn: Deborah Dumagpi #100-4460 Beresford St. Burnaby, B.C. V5H 0B8	

Thank you,

Deborah Dumagpi Volunteer Coordinator Burnaby Neighbourhood House