



2934 East 22<sup>nd</sup> Avenue  
Vancouver, BC  
V5M 2Y4

## VOLUNTEER APPLICATION FORM

**Our Mission:** To enhance the lives of those we serve through providing a continuum of health, housing and supportive services in an integrated care model – to meet their physical, emotional and social needs. We will work in concert with the Three Links “family” – our community, network of stakeholders, partners and service providers to make a positive contribution through service.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
Number Street City Postal Code

Contact Information:

Phone Numbers Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_  
Month Day Year

Applicants under the age of 19 require parent/guardian consent to participate in the Three Links Care Society Volunteer Program.

Emergency Contact:

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

Please list any medications, health issues or physical challenges that might affect your volunteer work. The BC Community Care Facility Licensing Act requires that you must be free of communicable diseases.

Current occupation or school: \_\_\_\_\_

Education/Career Interests: \_\_\_\_\_

Previous/current volunteer experiences:

Reason for wishing to volunteer? \_\_\_\_\_

Interests/Hobbies: \_\_\_\_\_

Languages spoken fluently: \_\_\_\_\_

**Availability**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

**Length of Commitment\***

3 months (minimum)       6 months       12 months       Longer

\*Volunteers must provide a minimum of 50 hours to be eligible for a letter of reference from Three Links Care Society.

Three Links Care Society seeks to protect residents, volunteers, employees and the community through appropriate screening. Reference checks are required for all employees and volunteers. Please provide the names of two (2) references that we may contact (no immediate family or friends please).

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

Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

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

Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

**NOTE: Successful applicants (age 12 and older) will be required to undergo a Criminal Record Check via the Ministry of Public Safety and Solicitor General. A separate application form must be completed. There is no cost to the applicant.**

Have you ever been convicted of any criminal offense other than a minor traffic violation?

No       Yes  (please be prepared to disclose in confidence to the Volunteer Coordinator)

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(Required if the applicant is under the age of 19)

**Photo Release Consent**

I hereby grant permission to Three Links Care Society representatives, to take and use photographs, and/or digital images of me for use in news releases and/or educational materials. These materials might include printed or electronic publications, websites or other electronic communications. I understand that my identity in connection with the image(s) will not be revealed in text.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(Required if the applicant is under the age of 19)