

VOLUNTEER APPLICATION FORM



Kamloops

Mission Statement: To provide a safe, supportive place where children and youth can experience new opportunities, overcome barriers, build positive relationships and develop confidence and skills for life.

Thank you for your interest in becoming a volunteer at BGC Kamloops. In order to offer a satisfactory volunteer experience, kindly complete the following application

Please note applicants must be 15 years of age to volunteer and those under 19 years of age require parental consent to complete the necessary Criminal Record Check

Date (MM/DD/YY): _____

Name: _____ Birthdate (MM/DD/YY): _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Best phone # to reach you at: _____ Email: _____

Please check the area(s) that you would like to volunteer in or relate to you: (check all that apply)

- Direct Service Volunteer:
 - Works directly with BGC members in one of our programs with children, youth & families.
- Special Events Volunteer:
 - Provide support for special events or one-off BGC Program events. Does not work directly with BGC members.
- Corporate/Community Volunteer: _____ Name of Group: _____
 - These volunteers come as part of a group.
- Administrative Volunteer:
 - Assist with office work in any of the program streams or at the John Tod Centre. Does not work directly with BGC Members
- Service Linked Volunteer:
 - These volunteers are placed with BGC staff or external support staff due to special needs or conditions.
- Under-19 Volunteer:
 - Are supported by their BGC Program Leader or designate; deemed to be BGC participants.

Do you possess a driver's license? Yes No

Do you have a class IV? Yes No

If 'Yes' are you willing to drive a club vehicle? Yes No

Why would you like to volunteer? _____

Did anyone refer you to us? _____

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How many days are you able to commit to volunteer work? _____

Preferred Day(s) _____

Are you looking for a short-term placement? Yes No

If "yes", how long will you be available? _____

Please provide three references other than family (adults only):

1. Name: _____	2. Name: _____	3. Name: _____
Phone #: _____	Phone #: _____	Phone #: _____
City: _____	City: _____	City: _____
Province: _____	Province: _____	Province: _____
Relation: _____	Relation: _____	Relation: _____

Emergency Contact: _____ Phone #: _____ Relationship: _____

Medical Plan #: _____ Indicate any medical problems we should be aware of: _____

Personal Information Protection Act

PLEASE NOTE: All information on a volunteer created by, or on behalf of, BGC Kamloops will be kept confidential to the greatest extent possible. Access to this information is limited to a few employees who are not permitted to use this information in any way other than to carry out their duties and for the reasons that the information was obtained.

By completing this application, I am agreeing that all of the information I have provided is true and that I am giving my permission for a criminal record check and child abuse registry check to be conducted by BGC Kamloops.

Name: _____ Date: _____

Next Steps:

- Email a copy of this application to resource@bgckamloops.com or deliver a hard copy to the John Tod Centre on 150 Wood St.
- Once we've received your application, we will arrange a meeting to further discuss the opportunities for you here at the club.
- Once we've conducted a meeting, we will give you a link and code to complete a - criminal record check online and contact your listed references.
- After we've received your CRC and conducted the reference checks, we will be in touch to establish a start date.