



## VOLUNTEER APPLICATION FORM

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Unless otherwise indicated, this is not considered an application for a specific position. Complete the form in its entirety.

Applicants return form to:

Chilliwack Society for Community Living

9353 Mary Street, Chilliwack, BC V2P 4G9

Attn: HR/LR Manager

Tel: 792-7726 Fax: 792-7962

Email: [human.resources@cscl.org](mailto:human.resources@cscl.org)

### Application Requirements

- Applicants must be 19 years of age or older.
- Applicant will need to return/attach the following with the completed application form:
  - a. **Criminal Record Search**
  - b. **Doctor's Certificate** (form enclosed)
  - c. **TB Skin Test** (Contact Health Unit for an appointment, maybe subjected to a \$20.00 fee)
  - d. **Immunization Guidelines for Child and Health Care Workers** (form enclosed)
- Have you ever been convicted of a criminal offence that may give cause for concern relative to the volunteer position applied for? Yes  No

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Box/Apartment/Street

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

Preferred Contact Number/Method:

- Telephone
- Cell Phone #: \_\_\_\_\_
- Email Address: \_\_\_\_\_

### MISSION STATEMENT

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*The Chilliwack Society for Community Living provides quality individualized supports for people with developmental disabilities and their families.*

Do you have any relatives currently employed with CSCL? Yes  No   
 If yes, what is the relationship? \_\_\_\_\_

Do you have any relative(s) currently receiving services from CSCL? Yes  No   
 If yes, which program? \_\_\_\_\_

Have you ever been employed or volunteered with CSCL? Yes  No   
 If yes, please provide dated, \_\_\_\_\_

What type of volunteer work are you seeking?

Adult Day Services  Adult Residential  Children & Youth

Please indicate the date you are available to begin: \_\_\_\_\_

Supporting people with disabilities often involves some transferring of individuals. Do you have any limitations in regards to your ability to lift?. Yes  No

If yes, please describe: \_\_\_\_\_

Schools attended (list in chronological order)

Name of school	Location (city, province)	Date attended (from – to)	Degree and year received	Field of emphasis (major/minor)

Work History: List jobs held in chronological order commencing with your most recent position.

Date (Month, Year)	Employer and complete address (include supervisor)	Duties and Skills
From		
To		
Reason for leaving		
From		
To		
Reason for leaving		

References: Please list a minimum of three professional and a minimum of one personal reference (peer group, fellow employee, family friend) who are in a position to judge your general character, motivation and employment record and who can evaluate your qualifications for the work in which you are interested. DO NOT include close relatives. Include complete addresses with postal codes.

	Name	Address	Phone	Occupation
1 Professional				
1 Personal				

How did you first hear about Chilliwack Society for Community Living?

- College Recruitment       Professor/Teacher       CSCL Employee  
 Newspaper                       Website                       Job Fair  
 Other \_\_\_\_\_

Why do you want to volunteer with the Chilliwack Society for Community Living?

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What experience, if any, have you had living and/or working with people who have disabilities?

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List below any special interests/hobbies and/or abilities.

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**Read carefully before signing.**

I certify, agree and understand that all information supplied on this application is true and I understand that any untrue statements will be grounds for termination of my volunteer position at any time during my term. I accept the purpose of the information gathering is to determine my suitability for volunteering.

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

**Please Note:** A signature is required before an interview can be conducted.

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**For Office Use Only**

DOCUMENT	RECEIVED	COMMENTS
CRC		
Doctor's Certificate		
T.B. Certificate		

**Additional Comments/Information**

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