

Un coup de main
quand t'en as besoin

Centre de
ressources
communautaires
de la Basse-Ville



Lowertown
Community
Resource
Centre

A helping hand
when you need one

VOLUNTEER APPLICATION FORM

YOUR PERSONAL INFORMATION

Name: _____ Last Name: _____

Address: _____

Postal Code: _____ Neighborhood: _____

Cell: _____ Home: _____

Office: _____ Email Address: _____

Language: English
French
Other _____

Communication Preference: Cell Morning
Home Afternoon
Office Evening
Email

Language Preference: English
French

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YOUR AVAILABILITY

Please check when you are available:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

How many hours per week would you like to volunteer? (approximately)

Do you prefer to volunteer:

- On a regular basis
- Seasonal (two or three months)
- Only for special events (A couple of times per year)
- All of the above



TELL US ABOUT YOU! PLEASE DESCRIBE SOME OF YOUR PAST OR PRESENT EXPERIENCES

Interests:

Skills:

**Education,
workshops
or special
trainings:**

**Work
experience
(if any):**



YOUR PREFERENCES

Why are you interested in offering to volunteer with LCRC? (Check all that apply)

- | | |
|-----------------------------|--------------------------------|
| Available time | Develop new skills |
| Canadian experience gaining | High school – 40 hrs |
| Community involvement | Meet new people |
| Community desire to help | Share experience and skills |
| Develop job skills | Student career volunteer hours |
| | Other: |
-

Is there a particular type of volunteer work in which you are interested? (Check all that apply)

- | | |
|--|---|
| Supporting adults | Supporting a staff person as an assistant |
| Supporting youth | Supporting groups |
| Supporting children | Supporting individuals |
| Supporting children and families | Supporting with technology |
| Supporting community groups and activities | Other: |
-

HOW DID YOU HEAR ABOUT US?

- | | |
|------------------------|------------------------|
| Events and local forum | Internal |
| Family member | Staff presentation |
| Flyers and poster | Religious organization |
| From a friend | Other: |
-

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Volunteer's Signature

(If you are submitting this application on paper please sign and date it. If you are sending this via email, you will be asked to sign in during the interview)

Date

Thank you for your time and cooperation in completing this form!

ALL INFORMATION IS CONFIDENTIAL

Please return completed application form to the Volunteer Coordinator.

Email: volunteer.coordinator@crcbv.ca

Fax: (613) 789-3443