



Number: _____

Shalom BC Volunteer Centre
Telephone: 604-257-5181
E-mail: volunteer@shalombc.org

Volunteer Registration Form

Personal information/Overview:

First name: _____ Last name: _____

Street Address: _____ City _____ Province _____
Postal Code _____

Date Registered with Volunteer Centre _____

Telephone: (home) _____ (fax) _____
(cell) _____ (home e-mail) _____
(work) _____ (work e-mail) _____

Age category: 13-17yrs. [] ; 18-30yrs. [] ; 31-45yrs. [] ; 46-65yrs. [] ; 65 + yrs. []

Gender: Male [] ; Female []

Occupation: _____ Year arrived in B.C.? _____

Are you currently active in the Jewish Community? Yes [] No []

Initial contact with Shalom B.C. by: drop-in [] ; phone [] ; fax [] ; e-mail [] ; website []

Heard about Shalom BC from:

- | | |
|---|--|
| <input type="checkbox"/> friend | <input type="checkbox"/> JCC |
| <input type="checkbox"/> online | <input type="checkbox"/> word of mouth |
| <input type="checkbox"/> Jewish Independent | <input type="checkbox"/> other _____ |

Profile:

Please tell us anything else about yourself that may be relevant to the volunteer work you would like to do: (special skills and/or your interests)

I have knowledge of these languages: (indicate below)

Hebrew: Read [] Write [] Speak []
Russian: Read [] Write [] Speak []
Other: _____ Read [] Write [] Speak []
Other: _____ Read [] Write [] Speak []

Any previous volunteer experience? (please specify) _____

Interest:

I am interested in this sector:

- | | |
|---|---|
| <input type="checkbox"/> Community Centre | <input type="checkbox"/> Israel Connections |
| <input type="checkbox"/> Community Service | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Culture and the Arts | <input type="checkbox"/> Religious Life |
| <input type="checkbox"/> Education | <input type="checkbox"/> Other _____ |

I would like to work with:

- | | |
|--|---|
| <input type="checkbox"/> Families | <input type="checkbox"/> Young Adults/Univ. (19-25) |
| <input type="checkbox"/> Early Childhood (0-5) | <input type="checkbox"/> Adults |
| <input type="checkbox"/> Youths (6-12) | <input type="checkbox"/> Seniors |
| <input type="checkbox"/> Teens (13-18) | <input type="checkbox"/> Special Needs |

I would like to work with this organization (please specify): _____

I would like to be a volunteer in this area(s):

- | | | |
|--|---|--|
| <input type="checkbox"/> Administration/Office | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Professional/Tech. Services |
| <input type="checkbox"/> Board/Committee | <input type="checkbox"/> Mentoring | <input type="checkbox"/> Sport Coaching/Leading |
| <input type="checkbox"/> Consultation/Advice | <input type="checkbox"/> Personal Services | <input type="checkbox"/> Teaching/Tutoring |
| <input type="checkbox"/> Event Organization | <input type="checkbox"/> Physical Work/Labour | <input type="checkbox"/> Other _____ |

Availability:

Available Start Date? (mm/dd/yyyy) _____

- Times: Morning Afternoon Evening
Days: Week days Weekend
Flexible?: Yes No
Frequency: Daily Weekly Monthly Yearly One time only

I would like to work in these locations:

- | | |
|--|--|
| <input type="checkbox"/> Burnaby/Coquitlam(Burquest) | <input type="checkbox"/> Vancouver |
| <input type="checkbox"/> Jewish Community Centre | <input type="checkbox"/> Richmond |
| <input type="checkbox"/> North/West Vancouver | <input type="checkbox"/> Surrey/White Rock |

I have access to an automobile I can use for volunteer work: Yes [] No []

Availability limitations (physical, medical, etc.) _____

Please ask volunteer the following:

“The agency for which you may be volunteering may require that you have a criminal record check. If so, do you consent to a criminal record check?” Yes [] No []