



## VOLUNTEER APPLICATION

Volunteers are the backbone of our organization. Please read the position requirements first and complete this form if you are interested in becoming a volunteer with us. *\*Must be 18 years of age or older and have an up-to-date Vulnerable Sector Check (obtained within 1 year of submitting your application).*

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

Your Name: \_\_\_\_\_

Pronouns: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

Birthdate: \_\_\_\_\_

How Did You Hear About Us?: \_\_\_\_\_

**Do you identify as one or more of the following?**

- Senior (65+)
- LGBTQ+
- Indigenous
- Newcomer
- Not Applicable/Prefer Not to Say

**What area(s) of volunteer work are you interested in?**

**Please check all that apply.**

Group Facilitator  
Group(s) of Interest: \_\_\_\_\_

Individual Peer Support Worker

Mission Ambassador

Event Support

Other (please specify): \_\_\_\_\_

*If a successful candidate, I acknowledge I must obtain*  Yes  
*and/or submit an up-to-date Vulnerable Sector Check.*  No



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What type(s) of volunteer/related experience do you have?

What type(s) of loss have you experienced?

Please provide any additional information that you believe might be beneficial for us to know:

Please list any languages spoken/written and indicate if: *basic, intermediate, or advanced.*

Language	Level Spoken	Level Written

Please mark an 'X' to indicate your availability.

	Morning (9am-12pm)	Afternoon (12pm-5pm)	Evening (5pm-9pm)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

Thank you for your interest in volunteering with the Centre for Grief & Healing (BFO-H/P). Please check your email and/or Spam folder for an email from us for our follow-up.