



Volunteer Application Form

Volunteer Application Form

For Office Use Only		
Received Date:	Interview Date:	Orientation Date:
<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete	Position/Department:	

Personal Information

Mr Ms Mrs Miss Other _____ Preferred First Name: _____

Last Name: _____ First Name: _____

Address: _____

City: _____ Postal Code: |__|__|__| |__|__|__|

Telephone: Home: (____) _____ Work: (____) _____ Cell: (____) _____


E-Mail: _____

Age Group: 18 or under 19 -25 26-40 41-60 Over 60 Birthdate: _____

Interests

Why are you interested in volunteering for us?

33179 2nd Avenue, Mission, BC V2V 1J9 

604-826-3634 

E: info@missioncommunityservices.com



Please rank your preferences of which type of volunteering you would like to perform (1st choice, 2nd choice etc.)
Note that not all positions are available at all times and in all areas.

Food Centre		Income Tax Return Services	
Christmas Bureau		Office Support	
Seniors: Friendly Visitor/Phone Support		Seniors: Transportation to Appointments	
Special Events		Settlement & Immigration: New to Canada	
Seniors: Grocery Shopping		Seniors: Meals on Wheels	

Can you volunteer on a regular basis? No Yes, **what times are you available for volunteer work?**

Please **indicate availability** in the spaces provided:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

Would the times be regular, or would they need to change frequently? Regular Change

Abilities/Skills

List any hobbies/skills/interests/experiences:

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Do you speak and/or write languages other than English: No Yes If YES, please specify: _____

History (Volunteer, Employment, Education, Training)

Please describe any current or previous volunteer experience:

EMPLOYMENT: Are you currently employed: Yes No Full Time Part Time Casual

Previous/Current Employment: *(attach resume if you wish)*

EDUCATION/TRAINING: If you are currently a student, what school/university do you attend:

Please list any past relevant education/training you have:

References

We require two references (not relatives) that have known you for at least six months.

Reference #1:

Name: _____ Phone: (_____) _____

Relationship: _____ Company: _____

Email: _____

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Reference #2:

Name: _____ Phone: (_____) _____

Relationship: _____ Company: _____

Email: _____

Emergency Contact Information

In case of emergency, contact Name: _____

Telephone: Home: (_____) _____ Cell: (_____) _____ Relationship: _____

“I _____ (Print your name) confirm that the information in this volunteer application is complete and true. I understand and agree that any omission or misrepresentation with respect to the information given may be cause for refusal of volunteer placement, or if I am a volunteer of Mission Community Services Society, may be cause for immediate termination. I understand that a Criminal Record Check is required. I authorize Mission Community Services Society to contact the references listed by telephone or email and give permission to these references to release all relevant information requested.”

Signature: _____

Date: _____

By signing below, I, certify that I am the parent or legal guardian of the Volunteer. I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I agree to the terms of the waiver as noted above.

Signature: _____

Date: _____

(Signature of Parent/Legal Guardian if Volunteer is Under 18)

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Volunteer Waiver and Release of Liability

1. The Volunteer represents and warrants that they are a Canadian Citizen, Permanent Resident, or is authorized by Canada Immigration to work as a volunteer in BC.
2. The Volunteer performs the service of the Volunteer's own free will, without promise, expectation, or receipt of remuneration.
3. The Volunteer is not an employee at MCSS for any purpose.
4. If the Volunteer is under the age of 18, the Volunteer may only participate in volunteer service with the express written consent of the Volunteer's parent or guardian.
5. The Volunteer understands and agrees that it is possible that the Volunteer may be injured or otherwise harmed during volunteer service due to accidents, acts of nature, the Volunteer's negligent or intentional acts, or the negligent or intentional acts of others; that while MCSS has taken some steps to reduce the chances of injuries or harm to the Volunteer, that MCSS has no control over most risks, and, thus, cannot and does not guarantee nor take any responsibility for the safety of the Volunteer or the Volunteer's property while the Volunteer is engaged in volunteer service; and that the Volunteer must take full responsibility for himself or herself and assume the risk of harm or damage while serving by taking all necessary and reasonable precautions and acting in a manner that will help protect himself or herself and his or her property.
6. The Volunteer agrees to waive and release MCSS from any and all potential claims for injury, illness, damage, or death which the Volunteer may have against MCSS that might arise out of the Volunteer's service and to hold MCSS harmless there from.
7. The Volunteer agrees and understands that injuries or losses to others, such as co-workers or the person(s) being helped, may occur as a result of the Volunteer's negligent or intentional acts during volunteer service, and that to avoid such harm, the Volunteer must exercise care and act responsibly in serving others. If any injury or loss to another does occur due to the Volunteer's intentional actions or due to Volunteer's negligent actions arising outside of the scope of the Volunteer's activities, the Volunteer must accept the liability for and repair, or make reparations for, the harm done.
8. MCSS is not providing the Volunteer with insurance coverage for any injuries, conditions, or losses to the Volunteer arising out of volunteer activities, except that MCSS does provide liability insurance coverage on all MCSS vehicles used during service projects.

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9. The Volunteer must maintain his or her own primary medical insurance and the Volunteer’s own automobile liability insurance when driving a non-MCSS vehicle to cover potential medical and other costs related to the Volunteer service; and the Volunteer also encourages to maintain property and life insurance coverage while serving as a volunteer. All costs for injury or loss above the coverage provided by the Volunteer’s insurance are the Volunteer’s personal responsibility. In projects where the Volunteer will be transporting others in a personal owned vehicle, the Volunteer may be required to provide proof of vehicle insurance and driving record in order to participate.

10. Since volunteers are not MCSS employees, MCSS does not provide worker’s compensation coverage for injuries or illnesses to the Volunteer arising out of volunteer activities.

11. The Volunteer must treat with respect all clients, staff, fellow Volunteers, and the public at all times. Harassment, discrimination, or other behaviours that compromise the dignity and self-worth of others cannot be tolerated and will be addressed promptly.

By signing below, I, _____ (please print full name) confirm that they have read, understand, and consent to the terms of this waiver agreement.

(Signature of Volunteer Applicant) Date

By signing below, I, certify that I am the parent or legal guardian of the Volunteer. I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I agree to the terms of the waiver as noted above.

(Signature of Parent/Legal Guardian if Volunteer is Under 18) Date

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MEDIA RELEASE FORM

I _____ hereby authorize any images or video footage taken of myself, in whole or in part, individually or in conjunction with other images and video footage, to be displayed on the Mission Community Services Society Website and other official channels, and to be used for media purposes including promotional presentations and marketing campaigns. I also authorize any media material created by myself within Mission Community Services Society.

I waive rights to privacy and compensation, which I may have in connection with such use of my name and likeness, including rights to be written copy that may be created in connection with video production, editing and promotion therewith.

Name (Please Print): _____

Signature: _____

Date: _____

Name of Witness: _____

Signature: _____

Date: _____

By signing below, I, certify that I am the parent or legal guardian of the Volunteer. I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I agree to the terms of the waiver as noted above.

Signature: _____

Date: _____

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