



VOLUNTEER APPLICATION
COAST MENTAL HEALTH

Note: Information you provide for the purpose of screening and placement will be kept confidential as per the privacy policy.

I. Personal information

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: (Home) _____ (Office) _____ E-mail _____

Contact in emergency: _____ Phone: _____

1. Do you have any health concerns which may affect your volunteer work? Yes No

2. How did you hear about us? _____

II. Skills and Interest

1. Education background: _____

2. Current Occupation: _____

3. Hobbies, Skills, Interest: _____

4. Previous volunteer experience/positions: _____

5. Languages spoken: _____

6. Goals for pursuing volunteer experience at Coast: _____

III. Availability

1. At what times are you interested in volunteering?

Am flexible

Prefer weekdays

Prefer evenings

Prefer weekends

Prefer days

Other:

2. How many hours per week _____ or month _____ would you like to volunteer?

3. How long will you be able to commit to volunteering at Coast?

Four months

Six months

One year

Other: _____

IV. Opportunities

Please select (√) in all the areas in which you are interested in volunteering at Coast:

Residential Care Programs

Forensics Programs

Housing, Supported Independent Living Programs

Special Events

V. Preferences in Volunteering

1. Is there a particular type of volunteer work in which you are interested?

(Please check all that apply.)

Working one-on-one with a single participant

Sharing special interests or skills

Facilitate social recreation for a small group

Event assistance

Assist with recreation programs and activities

No preference

Other:

VI. References

1. Please list two non-family references whom we might contact:

a. _____ email: _____

b. _____ email: _____

Signature: _____ **Date:** _____

Please fax to Administration (604) 879-2363, or bring to our general administration office at 293 East 11th Avenue, Vancouver, BC.