



Volunteer Application

Oak Avenue Neighbourhood Hub
(OANH)

12740-102nd Avenue, Surrey BC

Tel: 604-582-7088

Email: info@oanh.ca

First Name: _____ Last Name: _____

Address: _____ Postal Code: _____

Phone: _____ Email: _____

Emergency Contact Information:

Name: _____ Phone: _____

Family Doctor: _____ Phone: _____

Health Problems/Allergies: _____

Previous Volunteer Experience:

Have you volunteered before? Yes No If yes, where? _____

Why would you like to volunteer with OANH? _____

What program(s) would you like to be involved in? _____

How did you hear about us? _____

What is your current occupation? (check all that apply)

- Homemaker Retired Looking for Employment
- Full-Time Student Employed Full-Time
- Part-time Student Employed Part-Time

If employed, where? _____ Phone: _____

Supervisor's Name: _____ How long have you been working there? _____

Language(s) you are able to Read: _____ Write: _____

Do you have any certifications useful to the position (first aid, food safe etc.): _____

Do you have any education useful to the position (diplomas, degrees etc.): _____

What are your interests/skills? _____

Availability: Please indicate what times you are able to work:

Hours:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Please provide your references (An adult who is not a relative):

Reference 1: _____ Phone: _____

Relationship (co-worker, employer, friend etc.): _____

Reference 2: _____ Phone: _____

Relationship (co-worker, employer, friend etc.): _____

Declaration: I certify that the statements made by myself on this document are true and complete to the best of my knowledge. I understand that if any of the statements are false, I may not be eligible to participate in volunteer programs with Oak Avenue Neighbourhood Hub. I also hereby agree to have a criminal record check completed on myself, with the results being forwarded to the OANHS.

Volunteer Signature: _____ Date: _____

Youth Applicants: Please Have Your Guardian Sign Below:

I, _____, grant permission for my child/ward named above to volunteer with the Oak Avenue Neighbourhood Hub. I agree to assume all financial responsibility in case of injury or accident in connection with their volunteering assignments.

Signature: _____ Date: _____

Staff Signature: _____ Date: _____

For Office Use Only:

Interviewed by: _____

Reference Check: _____

Security Check: _____

Date: _____

Placement: _____

Start Date: _____ End Date: _____