

VOLUNTEER APPLICATION FORM

Thank you for your interest in volunteering with Atira Women's Resource Society. Volunteers play a vital role in the delivery of our programs and services, which have a focus on housing for women and children impacted by their experience of violence, abuse, poverty and homelessness, often compounded their struggles with mental illness and substance use. All volunteer applications are reviewed with consideration for current volunteer opportunities and each applicant's individual area of passion. Applications are kept on file for three months.



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101 East Cordova St.
Vancouver, BC V6A 1K7

Name: _____ Mr. Mrs. Miss. Ms.

Mailing Address: _____

City/Prov: _____

Postal Code: _____

Telephone: _____

E-Mail: _____

If you are involved with us as a volunteer and an emergency arises, whom should we contact?

Name: _____

Relationship: _____

Phone: _____

EDUCATIONAL BACKGROUND

High School (last grade completed): _____

Post Secondary (please specify): _____

Other Certification:

Relevant Courses/Workshops attended:

Life Experience: Atira recognizes an individual's lived and personal experience is often as valuable as a formal education and work experience. Please articulate *any* experience you wish Atira to know about when considering your application for a volunteer position

PREVIOUS VOLUNTEER EXPERIENCE

Place: _____

Date of Commitment: _____

Assignment/Duties: _____

INTEREST/HOBBIES/ACTIVITIES

Please list:

Is there any additional information you would like to bring to our attention?

REFERENCES

1. Name: _____

Relationship: _____

Address: _____

Phone: _____

2. Name: _____

Relationship: _____

Address: _____

Phone: _____

3. Name: _____

Relationship: _____

Address: _____

Phone: _____

I give my permission to contact the above individuals, and supervisors of my volunteer commitments. YES NO

GENERAL INFORMATION

What type of volunteer work are you interested in?

Is there a particular Atira program you are interested in volunteering with and why?

How much time do you feel you have available to volunteer? (i.e. hrs/week)

Why do you want to volunteer at Atira?

How did you hear about the volunteer opportunities that are available at Atira?

Atira is looking for a **six-month commitment** from volunteers. Does this meet with your expectations? YES NO

Signature: _____

Date: _____

The information in this application is collected to determine eligibility for the ATIRA WOMEN'S RESOURCE SOCIETY volunteer opportunities and to safely, effectively, and responsibly implement our volunteer program in accordance with the Freedom of Information and Protection of Privacy legislation.

Please fax your application **ATTENTION: CANDICE QUESNEL** to (604)531-9145. Should have any questions/concerns or would like any further information, please do not hesitate to call Candice Quesnel at (604)785-2542