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Volunteer Application

The Canadian Cancer Society, BC and Yukon Division is committed to protecting the privacy of personal information in our possession or under our control in accordance with the Personal Information Protection Act (PIPA). PIPA regulates the way we collect, use, keep, secure and disclose personal information. The personal information collected on this form will be used by the volunteer resources team to identify an appropriate volunteer placement. This information will be stored in a locked cabinet and if you become a volunteer it will be entered into our secure electronic database to track your volunteer activities. The CCS values the trust of our donors, volunteers, clients, participants and staff. We recognize that maintaining this trust requires accountability and transparency in handling personal information. For further information call 1.800.663.2524

POSITION APPLYING FOR: ASIAN PROGRAMS

Contact Information

*Full Name (Please underline family name):			
*Mailing Address:			
*City:		*Province/ Territory:	*Postal Code:
*Telephone Day:		Evening:	
Email:		Fax:	
Preferred method of contact:			
I want to volunteer in the community of:			
Where did you hear of the posting? i.e. paper, govolunteer, word of mouth			

** REQUIRED FOR PROCESSING*

Volunteering with Canadian Cancer Society

I am interested in helping the Canadian Cancer Society with:	
I want to volunteer with Canadian Cancer Society because:	
I am willing to share my skills and expertise (for example: meeting new people, facilitating meetings, organizing events, data entry, languages) in:	
I am available to volunteer on: (days & times):	
I can volunteer for at least: <input type="checkbox"/> one week <input type="checkbox"/> one month <input type="checkbox"/> three months <input type="checkbox"/> one year <input type="checkbox"/> not sure	
<input type="checkbox"/> events: _____	

The Canadian Cancer Society: Let's Make Cancer History!

Revised form Feb 2004

Volunteer Experience

I have volunteered before with the Canadian Cancer Society		<input type="checkbox"/> No	<input type="checkbox"/> Yes
Date / Location:			
I have volunteered before with other organizations		<input type="checkbox"/> No	<input type="checkbox"/> Yes, and they include:
I am currently volunteering with (list organizations and responsibilities):			

Experience & Education

My present job or activities are:			
My work experience (office work, counseling, caregiver, trainer, cashier, nurse etc) includes:			
My education (relevant workshops, courses, training programs) includes:			
I am currently a student.	<input type="checkbox"/> No	<input type="checkbox"/> Yes, at:	
For detailed information about my background, I have attached my resume.		<input type="checkbox"/> No	<input type="checkbox"/> Yes

References

These people (not family or close friends) are familiar with my abilities as a worker or volunteer:			
Name:		Relationship:	
Telephone (Day):		(Evening):	
Name:		Relationship:	
Telephone (Day):		(Evening):	

I am under age 19. My Parent or Guardian gives permission for me to volunteer.

Signature	Relationship	Date
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By signing and submitting this Volunteer Application, I acknowledge this information is true and accurate. I authorize the Canadian Cancer Society, BC & Yukon Division to obtain references from the individuals listed above.

Signature	Date
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