



**Capilano
Community
Services
Society**

"Connecting Seniors and Youth to Community"

600 West Queens Rd. N, Bldg N. Vancouver, BC V7N 2L3

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www.capservices.ca

VOLUNTEER APPLICATION FORM

Last Name:

Would you be interested in attending Workshops?

First Name:

Known as : Mr. Mrs. Ms.

How did you hear about the Hub?

Birthdate:

Languages spoken:

Address:

City:

Postal Code:

City/ District:

Home Phone:

Business Phone:

Fax / cell / pager:

Email Address:

Previous Work/Volunteer Experience:

Volunteer Programs:

Telefriend Monthly Social

Walking Group Outings

Friendly Visiting Unusual Requests

Coffee Group Events

Baking Grocery Shopping

Other

Reason for Volunteering:

Travel by Car Travel by Bus

Driver DL#

Are you a "N"ew Driver? Yes N

2 Door 4 Door Class 4

Other

Are you able to take :

Wheelchair Walker Pets

Days Available:

Time Available:

Emergency Contact:

Name:

Phone:

Reference 1

Name:

Phone:

Reference 2

Name:

Phone:

List any allergies (including pets)

Medical Condition if relevant:

Signature: **Date:**.....