



**Pacific Immigrant Resources Society**

1874 Kingsway, Vancouver, BC V5N 2S7

Tel: (604) 298-5888 Fax: (604) 298-7115 www.pirs.bc.ca

**VOLUNTEER APPLICATION FORM**

First name Last name Date of application

Address: Street City Postal Code

Home Phone Work Phone Email

Who told you about PIRS? \_\_\_\_\_

Current Occupation \_\_\_\_\_ Are you a student? \_\_\_ Yes \_\_\_ No

If you are a student, please indicate where and your program year:

Do you know first aide? \_\_\_ Yes \_\_\_ No

Please give the times when you can volunteer:

Which programs/ activities are you interested in volunteering with PIRS? (Check all that apply)

- Children's Program
- Board/ Committees
- Special Events/ Volunteer Fairs
- ESL Program
- Office
- Newsletter
- Translating
- Other (Please specify)

Why do you want to volunteer?

Previous employment/volunteer experience (in Canada or your home country)

Volunteer \_\_\_\_\_

Work \_\_\_\_\_

Have you participated in a PIRS program? \_\_\_ Yes \_\_\_ No

If yes, which program? [ ] ESL [ ] LEAD [ ] Building Bridges [ ] Storytime

Birth Place \_\_\_\_\_ Length of time in Vancouver \_\_\_\_\_

Languages Spoken: \_\_\_\_\_



Please turn over...



### Volunteer Program Application Form

References: Please provide the names of two people as references. You may use an employer, co-worker, social worker, teacher, minister, or someone you have volunteered with. Please do not give family members as references.

\_\_\_\_\_  
Name Phone

How do you know this person?

\_\_\_\_\_  
Name Phone

How do you know this person?

Please give the name of a person to contact in case of emergency:

\_\_\_\_\_  
Name Phone Relation to you

Please indicate any health problems which may affect your volunteer work:

\_\_\_\_\_

If selected for a volunteer position with PIRS, I agree to honor the agreed upon volunteer commitment and to attend the orientation and training programs provided. I also agree to follow the policies and procedures of Pacific Immigrant Resources Society and the Volunteer program, and to keep confidential all personal information about staff, program participants and other volunteers.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

I want to receive information about PIRS programs, services, events and activities.

Yes  No

#### FOR OFFICE USE ONLY

**Comments:**



