

# Birthright of Penticton Volunteer Application

Our Mission: To create a safe environment by providing confidential, non-judgmental, loving guidance and support to those affected by pregnancy related issues.



## Personal Information

Name: \_\_\_\_\_ Date of Birth: (mm/dd/yy): \_\_\_\_\_

Gender:  Male  Female  Transgendered

## Current Contact Information

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Area(s) of interest? (Check all that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Counselling       | <input type="checkbox"/> Reception              | <input type="checkbox"/> Hotline Telephone  |
| <input type="checkbox"/> House Maintenance | <input type="checkbox"/> House Cleaning         | <input type="checkbox"/> Yard Maintenance   |
| <input type="checkbox"/> Fundraising       | <input type="checkbox"/> Committees             | <input type="checkbox"/> Board of Directors |
| <input type="checkbox"/> Training          | <input type="checkbox"/> Other (describe below) |   |

\_\_\_\_\_  
\_\_\_\_\_

## Have you had experience in any of the following functions? (Check all that apply) Provide details.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Accounting         | <input type="checkbox"/> Grant Applications | <input type="checkbox"/> Recruitment    |
| <input type="checkbox"/> Media              | <input type="checkbox"/> Public Relations   | <input type="checkbox"/> Management     |
| <input type="checkbox"/> Policy Development | <input type="checkbox"/> Strategic Planning | <input type="checkbox"/> Web Management |

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Availability – when are you available to volunteer?

	Mon	Wed	Fri
Mornings			
Afternoons			
Evenings			

Would you be able to attend meetings? \_\_\_\_\_

*How did you hear about Birthright? (Check one)*

- Brochure       Website       Referred by current volunteer
- Referred by former volunteer       Friend / Relative       Newspaper
- Radio       Event (location): \_\_\_\_\_
- Other: \_\_\_\_\_

*Employment and Education Information*

Volunteer Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Work Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Highest Level of Education and/or Training: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Additional Information*

What do you feel you can offer our organization?

What do you hope to gain from this volunteer experience?

Are you willing to commit to 1 year? \_\_\_\_\_ Please comment on your ability to keep this commitment.

Any further comments?

*References - please list two personal and/or work references, other than family or close friends*

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

Description: \_\_\_\_\_

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

Description: \_\_\_\_\_

By signing this Agreement I consent to Birthright of Penticton (a) contacting the references included in my Volunteer Application and (b) conducting a criminal and other relevant background checks. I also acknowledge, understand, and accept that there is no obligation on Birthright of Penticton to accept me as a volunteer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Date