



Volunteer Application Form

Name: _____

Telephone: _____

Address: _____

City _____ Province _____ Postal Code _____

Email: _____

Volunteer Position Preferred: _____

Previous Volunteer Experience: _____

Skills, Interests and Hobbies: _____

What languages do you speak? _____

Your reason for volunteering with The Brenda Stafford Foundation: _____

Means of Transportation: _____

Please note times convenient for you to volunteer:

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time							



Please give 2 personal or professional references

Name: _____

Phone: _____

Email: _____

Name: _____

Phone: _____

Email: _____

How did you hear about this volunteer opportunity? _____

My signature certifies that the above information is true and valid.

I understand that a police and vulnerable persons check is required, and an Orientation and onboarding is mandatory before my volunteer shifts begin.

Should I decide to terminate my services, I will notify my supervisor immediately.

Applicant Signature

Date

The Brenda Stafford Foundation volunteer facilitator

Please email completed application forms to bsf.volunteer@thebsf.ca