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## VOLUNTEER INTAKE FORM

Volunteers are essential to the successful operation of Silver Harbour Seniors' Activity Centre and we're glad you're interested in volunteering with us. Please complete this form to help us match you with a position. We take great precautions with your information: it will only be used to provide, or inform you about, our programs, services and events, or for statistical purposes. It will not be shared with any other party, without your consent. Please advise us if your information changes.

Today's date \_\_\_\_\_

How did you hear about Silver Harbour? \_\_\_\_\_

Name \_\_\_\_\_  Male  Female

Address \_\_\_\_\_ Postal code \_\_\_\_\_

City of North Vancouver  District of North Vancouver  Other \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Birth Date \_\_\_\_\_  
month day year

Languages Spoken (other than English) \_\_\_\_\_

In case of emergency, please notify...

Emergency Contact #1: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone Numbers \_\_\_\_\_

Emergency Contact #2: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone Numbers \_\_\_\_\_

Please continue over...

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What skills and interests would you like to share?

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What kind of volunteering would you like to do?

- |  |   |                                      |
|--|---|--------------------------------------|
| <input type="checkbox"/> Kitchen/serving meals | <input type="checkbox"/> Crafts             | <input type="checkbox"/> Bingo       |
| <input type="checkbox"/> Dishwashing           | <input type="checkbox"/> Special events     | <input type="checkbox"/> Bus driving |
| <input type="checkbox"/> Hostessing            | <input type="checkbox"/> Teaching computers | <input type="checkbox"/> Office      |
| <input type="checkbox"/> Thrift shop sales     | <input type="checkbox"/> Teaching           | <input type="checkbox"/> Phoning     |
| <input type="checkbox"/> Building maintenance  | (please specify):                           | <input type="checkbox"/> Other:      |
| <input type="checkbox"/> Gardening             | _____                                       | _____                                |

When are you available?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Monday morning    | <input type="checkbox"/> Wednesday morning   | <input type="checkbox"/> Friday morning   |
| <input type="checkbox"/> Monday afternoon  | <input type="checkbox"/> Wednesday afternoon | <input type="checkbox"/> Friday afternoon |
| <input type="checkbox"/> Tuesday morning   | <input type="checkbox"/> Thursday morning    |   |
| <input type="checkbox"/> Tuesday afternoon | <input type="checkbox"/> Thursday afternoon  |   |

Do you have any health restrictions?

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Are you willing to complete a criminal record check (free of charge)?  Yes  No

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Please provide one reference, not related to you, who can vouch for your ability to volunteer with us.

Name \_\_\_\_\_ Telephone \_\_\_\_\_

I consent to Silver Harbour Centre Society using the personal information supplied above to inform me about, programs, services and events.  yes  no

\_\_\_\_\_  
Signature