

144 East 22<sup>nd</sup> Street North Vancouver, BC V7L 4L5 Tel 604-980-2474 Fax 604-980-6003 <u>info@silverharbourcentre.com</u> <u>www.silverharbourcentre.com</u>

## 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 ł	hear about Silver Harbour?			
Name				
Address				
		Postal code		
Telephone	Email			
Birth Date				
	month day year			
Languages Spoken (other than English)				
In case of eme	ergency, please notify			
Emergency Contact #1: Name Relationship				
	Telephone Numbers			
Emergency Co	ontact #2: Name	Relationship		
	Telephone Numbers			

Please continue over...

## VOLUNTEER INTAKE FORM, page 2

What skills and interests would you like to share?

What kind of volunteering would ye	ou like to do?			
<ul> <li>Bus driver</li> <li>Car driver</li> <li>Food service</li> <li>Dishwashing</li> </ul>	<ul> <li>Program instructor</li> <li>Bingo</li> <li>Artist/crafter</li> <li>Sales assistant</li> </ul>	<ul> <li>Maintenance</li> <li>Gardening</li> <li>Office assistant</li> <li>Board and committees?</li> </ul>		
When are you usually available?				
<ul><li>☐ Monday</li><li>☐ Tuesday</li></ul>	□ Wednesday □ Thursday	□ Friday		
Do you have any health restrictions?				

If you are placed as a volunteer, do you commit to the following volunteer responsibilities?

- To carry out your volunteer duties to the best of your ability
- To follow all Silver Harbour policies and procedures related to the volunteer role
- To maintain the confidentiality of internal and personal information
- To accept the guidance and decisions of the staff
- To act in accordance with Silver Harbour's values and code of conduct

🗆 Yes

🗆 No

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 p	personal information supplied above to inform me
about, programs, services and events.	🗆 yes	🗆 no

Signature