



NORTH WIND WELLNESS CENTRE

Volunteer Application Form

Please print this form, fill out, sign, mail, fax, or e-mail to admin.nwwc@xplornet.ca

North Wind Wellness Centre - PO Box 2480 Str. A, Dawson Creek, BC, V1G 4T9

All information gathered will be kept confidential and will be used only by the NWWC.

General Information

Last Name:		First Name:	
Title:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Middle Initial(s):	
Address:		Date of Birth (DD/MM/YYYY):	
City:	Province:	Postal Code:	
Home Phone:	Cell Phone:	Work Phone:	
E-mail Address:			
Preferred contact method:			
Do you have a valid driver licence? Yes <input type="checkbox"/> No <input type="checkbox"/>		Licence class:	Licence number:
Have you ever been convicted of an offence under the Youth Criminal Justice Act or Adult Law? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Area(s) of Interest

Please select your preference of activities by writing 1st, 2nd, 3rd, etc. in front of each choice and note that not all positions are available at all times.

<input type="checkbox"/>	Fundraising	<input type="checkbox"/>	Clerical/Administration	<input type="checkbox"/>	Training/Facilitation
<input type="checkbox"/>	Projects/Research	<input type="checkbox"/>	Special Events	<input type="checkbox"/>	Recreational Event Supervision
<input type="checkbox"/>	Providing Transportation	<input type="checkbox"/>	Buildings/ Grounds Maintenance	<input type="checkbox"/>	Peer Support
<input type="checkbox"/>	Other (Please Specify):				

Previous Experience

Have you previously volunteered within the Addictions field? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you previously worked with the North Wind Wellness Centre? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you attached a resume? Yes <input type="checkbox"/> No <input type="checkbox"/> Forthcoming <input type="checkbox"/>	
What training or qualifications do you have (e.g. Accounting, Administration, Counselling, Trades (specified), etc)?	

Terms of Service

<input type="checkbox"/>	6 months	<input type="checkbox"/>	6 months to 1 year	<input type="checkbox"/>	Ongoing
<input type="checkbox"/>	Other (Please Explain):				

How did you hear about the volunteer program at the NWWC? (Check all that apply)

<input type="checkbox"/>	Display	<input type="checkbox"/>	Called/Dropped in	<input type="checkbox"/>	Service Providers	<input type="checkbox"/>	Newspaper
<input type="checkbox"/>	Poster/Flyer	<input type="checkbox"/>	NWWC Staff	<input type="checkbox"/>	School/College	<input type="checkbox"/>	Television
<input type="checkbox"/>	Public Event	<input type="checkbox"/>	Friend/Relative	<input type="checkbox"/>	Internet	<input type="checkbox"/>	Radio
<input type="checkbox"/>	Medical Professional	<input type="checkbox"/>	Another Volunteer	<input type="checkbox"/>	Other (Please Specify):		

***Applicants under the age of nineteen (19) must have a parent/guardian fill out the following:** I am aware of and support my child/legal dependant's decision to volunteer with the North Wind Wellness Centre.

Name: _____

Relationship to Applicant: _____

Telephone Number: _____

Parent/Guardian Signature

Date (DD/MM/YYYY)

By checking this box I **certify that** the information in this form is correct and complete. I agree to provide the North Wind Wellness Centre with a criminal record check and/or a driver's abstract.

Applicant's Signature*

Date (DD/MM/YYYY)

Please include at least two references (Personal and/or Professional)

Reference 1:

Name: _____ Phone: _____ Email: _____

Reference 2:

Name: _____ Phone: _____ Email: _____

Emergency Contact:

Name: _____ Phone: _____ Email: _____