

# Volunteer Application



Oak Avenue Neighbourhood Hub (OANH)  
12740-102nd Avenue  
Surrey, BC, V3V 3E5  
Tel: 604 - 582-7088  
Email: [info@oanh.ca](mailto:info@oanh.ca)  
Website: [www.oanh.ca](http://www.oanh.ca)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Address: \_\_\_\_\_  
(Street) (City) (Postal Code)

E-Mail: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM / DD / YYYY

Emergency Contact:

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

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Name)

Do you have any health problems (allergies, diabetes, etc.) or restrictions which may require attention /observation? If so, please specify:

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Languages you are fluent in:

Speak \_\_\_\_\_

Read/Write \_\_\_\_\_

Do you have any special certification (first aid, class 4, etc.) that will be useful to your position? If so, please list and note any applicable expiration date: \_\_\_\_\_

Do you have any education or trade that will be useful to your position?

Interests Hobbies, Skills \_\_\_\_\_

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Occupation:

☐ Homemaker  
☐ Student  
☐ Employed

☐ Retired  
☐ Part Time  
☐ Part Time

☐ Looking for Employment  
☐ Full Time  
☐ Full Time

**Employment (if applicable)**

Company \_\_\_\_\_ # Years \_\_\_\_\_

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

Name of Supervisor \_\_\_\_\_ Phone # \_\_\_\_\_

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**Previous Volunteer Experience or Background****Have you ever volunteered before?**☐ Yes☐ NoIf yes, where? \_\_\_\_\_  
Name of Organization / Company)**Why would you like to volunteer with the OANH?**

I would like to:

- ☐ Utilize my time/skills productively and efficiently
- ☐ Learn and develop new skills
- ☐ Enhance my own personal growth
- ☐ Gain experience in the field of office and administration
- ☐ Help others as much as I can
- ☐ Other: \_\_\_\_\_

(Please Specify)

**Availability:** Please indicate times that you are available

Work Hours	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

**Placement Preference:** I would like to work at/with:

- ☐ Hub Main Office
- ☐ Hub Special Events
- ☐ Senior Programs
- ☐ Site Maintenance or Gardening
- ☐ 3-5 Daycare
- ☐ 0-3 Daycare
- ☐ Youth Programs
- ☐ No preference
- ☐ Other \_\_\_\_\_

**How did you hear about volunteer opportunities with us?**

- ☐ Media (Website, Newspaper, Flyer, Radio)
- ☐ Employment Center
- ☐ Friend / Family
- ☐ Community Organizations
- ☐ School
- ☐ Other \_\_\_\_\_ (Please Specify)

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**References: (An adult who is not a relative)**Reference: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Name) (Work / Cell)

Relationship (friend, co-worker, employer etc.) \_\_\_\_\_

Reference: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Name) (Work / Cell)

Relationship (friend, co-worker, employer etc.) \_\_\_\_\_

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**Declaration:** I certify that the statements made by me on this form are true and complete to the best of my knowledge. I understand that if any of these statements are false, I may not be eligible to participate in any volunteer programs with the Oak Avenue Neighbourhood Hub. I also hereby agree to have a criminal record check completed on myself, with the results being forwarded to the OANHHS.

Volunteer Signature \_\_\_\_\_ Date: \_\_\_\_\_

**YOUTH APPLICANTS: HAVE YOUR PARENT/GUARDIAN SIGN BELOW**

I, \_\_\_\_\_, grant permission for my son/daughter/ward  
(please print name)

Named above to volunteer with the Oak Avenue Neighbourhood Hub, and agree to assume all financial responsibility in case of injury or accident in connection with his/her volunteer assignments.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Staff signature \_\_\_\_\_ Date: \_\_\_\_\_

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**For Office Use Only:**

Interviewed by: \_\_\_\_\_

Security Check Result: \_\_\_\_\_

Date: \_\_\_\_\_

Reference Check: \_\_\_\_\_

Placement: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

**Start Date:** \_\_\_\_\_

**Finish Date:** \_\_\_\_\_