



Please Print Clearly

Name: _____ (First) _____ (Last)
Date of Birth: (year optional) _____ email _____
Address: _____
City/Prov: _____ Postal Code: _____
Home Phone: _____ May we leave a message for you? _____
Work Phone: _____ May we leave a message for you? _____
Contact in Emergency: Name: _____ Relationship: _____
Contact Numbers: Home Phone: _____ Work Phone: _____

Do you have any limitations related to health, or are you under any course of treatment, that might limit your ability to perform certain types of work?

Are You Alumni? Yes No Date: _____ Clean & Sober Date: _____

Do you have First Aid Training? Yes No

Would you provide a police record check if necessary? Yes No

Why do you want to volunteer at Pacifica Treatment Centre?

Skills and Interests

1. Education background: _____
2. Current occupation: _____
3. Hobbies, skills, interest: _____
4. Previous volunteer experience: _____

These are some of the volunteer opportunities at Pacifica. Please check those that you would like to volunteer for.

- Fundraising Client escort Alumni Speaker Data entry helper
 Newsletter Phone work Recreation out trips Music program
 Complimentary therapies Gardening/Landscaping
 Teaching/assisting Arts and Crafts On-call volunteer for Special Events
 Special Events Committee Volunteer

Other areas of expertise that you would be willing to offer to Pacifica (for example computer programming, Tai Chi instructor) _____

Availability: Please indicate times and days you are available to volunteer.

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Mornings							
Afternoons							
Evenings							

References: We require two non-family references (professional and/or personal) that have known you for more than one year.

Name	Relationship	Home Phone	Work Phone

I authorize Pacifica Treatment Centre to contact the above listed references in connection with my application for volunteer work.

I understand the information supplied is treated confidentially and will be used for processing my application. I am under no obligation to work as a volunteer for Pacifica Treatment Centre and Pacifica Treatment Centre is under no obligation to accept my service.

I understand that any misrepresentation in the previous statements will void this application and may be cause for termination.

Signature of Applicant

Date