



VOLUNTEER APPLICATION FORM

Personal Information		
Given Name:	Last Name/Surname:	
Preferred Name/Nickname:	Pronouns:	
Address:		
City:	Province:	Postal Code:
Contact Number: May we leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No	Email:	
Date of Birth: (DD/MM/YYYY):		

General Information
How did you hear about volunteering at LPRC?
Have you volunteered for LPRC in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what did you do? _____ _____
Please share with us why you are interested in volunteering at LPRC <input type="checkbox"/> Gain Experience <input type="checkbox"/> To support people with HIV/AIDS/Hepatitis <input type="checkbox"/> Expand Skills <input type="checkbox"/> Other: _____



Skills and Experience

Please share with us any skills and previous experience that you have

- | | | |
|--|---|--|
| <input type="checkbox"/> Cleaning | <input type="checkbox"/> Filing | <input type="checkbox"/> Event Promotions |
| <input type="checkbox"/> Reception | <input type="checkbox"/> Data Entry | <input type="checkbox"/> Event Registration |
| <input type="checkbox"/> Writing | <input type="checkbox"/> Tax Entry | <input type="checkbox"/> Conflict Resolution |
| <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Food Serving |
| <input type="checkbox"/> General Outreach | <input type="checkbox"/> Harm Reduction | <input type="checkbox"/> Safer Sex Education |
| <input type="checkbox"/> Bartending | <input type="checkbox"/> Deliveries | <input type="checkbox"/> Bookkeeping |
| <input type="checkbox"/> Setup/Take Down of Events | <input type="checkbox"/> Volunteer Coordination | <input type="checkbox"/> Facilitation |
| <input type="checkbox"/> Others (please specify): | | |

Availability

Please check the times you are available to volunteer

	Mon	Tue	Wed	Thu	Fri	Sat/Sun
9AM-12PM						
1PM-4PM						
Evenings						



Vehicle Availability

- Do you have a vehicle? Yes No
- Are you interested in transporting clients? Yes No
- Are you interested in doing deliveries of pick-ups? Yes No
- Do you have proof of insurance? Yes No

Please share with us any other experience or skills that you can bring to LPRC

Living Positive Resource Centre volunteers are required to undergo a criminal record check. However, a criminal record will not necessarily exclude you from volunteering. Do you have any concerns with having a criminal record check performed?

Yes No

If you have any concerns with your application, please share with us here

Applicant's Signature:

Date of Application:

All the information you have provided will remain confidential.

Thank you for expressing an interest in volunteering at the Living Positive Resource Centre.