



970 Union Street  
Vancouver, BC V6A 3V1  
info@villacathay.ca  
604.254.5621  
VillaCathay.ca

## Volunteer Application Form

**Date:** \_\_\_\_\_ **Name:** \_\_\_\_\_ **Birthday:** \_\_\_\_\_  
Last Name First Name Month/Day/Year

**Address:** \_\_\_\_\_  
Apt./House Number Street City Province Postal Code

**Home/Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Communication Preference:**  Phone  Email  Other \_\_\_\_\_

### Emergency Contacts

1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

How did you find out about volunteering at Villa Cathay Care Home?

\_\_\_\_\_

Why do you want to volunteer with Villa Cathay Care Home?

- |   |   |
|---|---|
| <input type="checkbox"/> To gain volunteer experience       | <input type="checkbox"/> To help others or give back        |
| <input type="checkbox"/> To gain work-related experience    | <input type="checkbox"/> To get involved with the community |
| <input type="checkbox"/> To gain skills or learn new things | <input type="checkbox"/> Belief in VCCH's mission/purpose   |
| <input type="checkbox"/> To meet other people               | <input type="checkbox"/> To improve fluency in Chinese      |
| <input type="checkbox"/> Other (please specify): _____      |   |

Which department(s) are you interested in volunteering with?

- Administration  Community Development/Outreach  Special Events  Weekly Activities  
 Fundraising  Other: \_\_\_\_\_

Is there a specific position or program you are applying for?  Yes  No

If yes, please specify the position or program: \_\_\_\_\_

Do you speak any languages other than English?  Yes  No

If yes, which one(s)? \_\_\_\_\_



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**Availability:**

Please check the days of the week and times of day you are available, and provide any comments on availability in the boxes below.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Morning</b> (8AM-12PM)							
<b>Afternoon</b> (12PM-4PM)							
<b>Evening</b> (4PM-8PM)							
<b>Comments</b>							

Please comment on your education and/or work experience.

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Do you have any previous volunteer experience? If yes, please describe.

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Please list any hobbies, skills, or interests that may contribute to your volunteer role.

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**References:**

- Name: \_\_\_\_\_ Phone Number/E-mail: \_\_\_\_\_  
 Relationship: \_\_\_\_\_
- Name: \_\_\_\_\_ Phone Number/E-mail: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

**Flu Shot:**

Seniors are extremely vulnerable to the complications of flu. During the flu season, which is from December 1<sup>st</sup> to March 31<sup>st</sup> of every year, any one who visits the care home is required to have their flu shot. Those without a flu shot will need to wear a mask, which is provided by our care home. By signing this form, you agree to hereby provide proof of a flu shot to the administration team.

**Criminal Record Check:**

I hereby agree to complete the volunteer criminal background check prior to volunteering at Villa Cathay Care Home.