



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)? _____



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

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
Morning (8AM-12PM)							
Afternoon (12PM-4PM)							
Evening (4PM-8PM)							
Comments							

Please comment on your education and/or work experience.

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

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

References:

- Name: _____ Phone Number/E-mail: _____
 Relationship: _____
- Name: _____ Phone Number/E-mail: _____
 Relationship: _____

COVID vaccination

I agree to provide proof of COVID vaccination (i.e. received at least two doses of vaccines approved by the World Health Organization).

Flu Shot:

Seniors are extremely vulnerable to the complications of flu. During the flu season, which is from December 1st to March 31st of every year, any one who visits the care home is required to have their flu shot. I agree to provide proof of Flu Shot.

Criminal Record Check:

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