

Thank you for wanting to volunteer for the West Island Cancer Wellness Centre!

To assist us in making your volunteering experience rewarding, please provide us the following information.

Note: all information provided is kept strictly confidential

For office use only:

DATE:

Title: Mr. Mrs. Miss Ms Rev. Dr. Other:

First Name

Last Name

Address

City

Province

Postal Code:

Home phone:

Business phone:

Cellular:

Email:

Languages spoken:

Languages written:

Have you ever been convicted of a crime?

Yes

No

Please note: A police check is required and is a condition of your volunteer placement Cancer Wellness Centre.

Do you need to complete community or educational volunteer service hours?

Yes

No

Have you volunteered for other organizations?

Yes

No

If yes, which organization(s), what (briefly) did you do for each, and for how long?

What specific expertise, skills, or talents would you like to share with WICWC as a volunteer?

When are you generally available? You can check more than one.

- | | |
|-------------------------------------------------|------------------------------------|
| <input type="checkbox"/> Anytime | <input type="checkbox"/> Weekdays |
| <input type="checkbox"/> Morning (9 am-12 pm) | <input type="checkbox"/> Weekends |
| <input type="checkbox"/> Afternoon (12 pm-6 pm) | <input type="checkbox"/> It varies |
| <input type="checkbox"/> Evening (6 pm-10 pm) | |

Are you currently in treatment for cancer?

- Yes No

Have you ever had cancer?

- Yes No

If you have any comments regarding your interests and involvement in volunteering for WICWC, please add them here.

As a volunteer with WICWC, we would expect you to be comfortable with and adhere to our core values as part of your role in representing WICWC and the people we serve. WICWC promotes the following core values:

Respect for people of all ages.
Tolerance of all races, cultures, and sexual preferences.
We are completely non-judgemental.
We are a team.

Are you in agreement with ALL of WICWC core values? Yes No

Please provide three references and provide the requested information in the space below.
Your application cannot be processed unless complete references are provided.
Do not list relatives as references and all references must be residents of Canada or USA.

Reference #1: Community leader (pastor, coach, teacher)

Name	
Occupation	
Address	
*Phone	
Email	
Alternate Phone	
*Relationship to you	

Reference #2: Current or previous employer

Name	
Occupation	
Address	
*Phone	
Email	
Alternate Phone	
*Relationship to you	

Reference #3: Non-Relative

Name	
Occupation	
Address	
*Phone	
Email	
Alternate Phone	
*Relationship to you	