

## Volunteer Application

### West Broadway Community Organization



#### Mission Statement:

*West Broadway Community Organization – to respect and support West Broadway’s diversity and liveability.*

#### Vision Statement:

*West Broadway: A safe, healthy and vibrant place to live, work and play.*

Thank you for your interest in volunteering with WBCO. This volunteer application form will help us to determine in which capacity you are best suited to volunteer with WBCO. The information provided will be kept confidential.

#### Contact Information

Name (First and last)	
Pronouns	
Address	
Phone	
E-mail	

Would you like to be added to our mailing list to receive information on upcoming events?     Y / N

#### Availability

During which hours are you available for volunteer assignments?

- |   |   |
|---|---|
| <input type="checkbox"/> Weekday Mornings   | <input type="checkbox"/> Weekend Mornings   |
| <input type="checkbox"/> Weekday Afternoons | <input type="checkbox"/> Weekend Afternoons |
| <input type="checkbox"/> Weekday Evenings   | <input type="checkbox"/> Weekend Evenings   |

How often would you like to volunteer?

- |  |  |
|--|--|
| <input type="checkbox"/> Multiple times per week | <input type="checkbox"/> Once per week |
| <input type="checkbox"/> Once per month          | <input type="checkbox"/> Occasionally  |

**Interests**

Please check the program areas you are interested in volunteering with.

- |   |  |
|---|--|
| <input type="checkbox"/> Greening       | Gardening, Composting, Lawn Maintenance, Tree Banding    |
| <input type="checkbox"/> Good Food Club | Farm Trips, Community Dinners, Farmers' Markets          |
| <input type="checkbox"/> Harm Reduction | Community Walks, Packaging Essential Bags                |
| <input type="checkbox"/> Special Events | Spring Clean-Up, SnoBall, Postering Neighbourhood, etc.  |
| <input type="checkbox"/> Safety         | Block Meetings, Safety Walks, Block Contacts, Block BBQs |

**Skills and Previous Experience**

Summarize your relevant volunteer experiences and skills to offer. Feel free to add an extra paper or a resume.

**Person to notify in case of emergency**

Name	
Phone	
Relationship to you	

**Agreement and Signature**

By signing this agreement, I agree to uphold the mission and vision of West Broadway Community Organization. I understand that any inappropriate behaviour that is disrespectful of community members, including staff of WBDC and/or program participants may result in dismissal.

Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

**Our Policy**

We reserve the right to screen all prospective volunteers. The information supplied is confidential. It is the policy of this organization to provide equal opportunities without regard to race, colour, religion, national origin, gender, sexual preference, age, or ability. While we will try to place every prospective volunteer, we reserve the right to reject applicants who do not meet our requirements and/or placement criteria. Thank you for completing this application form and for your interest in volunteering with us.