



**Vancouver Aboriginal Transformative  
Justice Services Society**

2982 Nanaimo Street, Vancouver, BC, V5N 5G3  
Tel: (604) 251-7200 ~ Fax: (604) 251-7201

**VOLUNTEER APPLICATION FORM**

**GENERAL INFORMATION:**

Name in Full: \_\_\_\_\_  
Surname First Middle

Maiden Name (if applicable): \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

How long have you resided in this area? \_\_\_\_\_

What is your Aboriginal Ancestry? \_\_\_\_\_

**EMPLOYMENT INFORMATION:**

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ May we call you at work?  Yes  No

Work Fax Number: \_\_\_\_\_

Are you currently an active volunteer?  Yes  No

If so, where do you currently volunteer? \_\_\_\_\_

**OTHER:**

List any special skills, which may be relevant to this volunteer work.

\_\_\_\_\_

Please tell us why you wish to volunteer for the Community Council Forum.

\_\_\_\_\_

**COMMUNITY/WORK REFERENCES:**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

**PERSONAL REFERENCES:**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

Do you consent to have a criminal record check done?     Yes     No

If not, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, hereby give permission to the Vancouver Aboriginal Transformative Justice Services Society, to obtain any and all information in regards to my application as a VATJSS VOLUNTEER COMMUNITY COUNCIL MEMBER. I agree to sign an Oath of Confidentiality.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_