



Vancouver Aboriginal Transformative Justice Services Society

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

Volunteer Application Form

Personal Information	
Surname:	First: Middle:
Preferred Name:	Date of Birth: mm/dd/yyyy
Maiden Name (if applicable):	
Street Address:	City, Province:
Postal Code:	
Hometown:	
How long have you resided in this area?	
What is your Aboriginal Ancestry? (Status, Non-status, Inuit, Metis)	
Nation/Band Affiliation:	
Emergency Contact Information	
Name:	Relationship:
Daytime Phone:	Evening Phone:
Employment Information	
Occupation:	Employer:
Supervisor name:	Work Phone:
Work Fax:	May we call you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently an active volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where?
Availability	
What is your current availability? (Daytime, afternoons, evenings, certain times of day/days of the week etc.)	



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References	
Community/Work	
1.) Name:	Relationship:
Telephone Number:	Email:
2.) Name	Relationship:
Telephone Number:	Email:

Personal	
1.) Name	Relationship:
Telephone Number:	Email:
2.) Name:	Relationship:
Telephone Number:	Email:

Please tell us why you wish to volunteer for VATJSS

What skills/experience/training/education do you have that may relate to volunteering with VATJSS



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Is there anything else you would like us to know about you?

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Police Information Check

<p>Do you consent to a police information check? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If not, please explain:</p>
<p>Do you consent to a vulnerable sector check? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If not, please explain:</p>

I, _____ hereby authorize Vancouver Aboriginal Transformative Justice Services Society to obtain any and all information in relation to my application as a Community Council Member. I agree to sign an oath of confidentiality.

Signature: _____ Date: _____

OFFICE USE ONLY

Date received:	By VATJSS staff:
<input type="checkbox"/> In Person <input type="checkbox"/> Fax <input type="checkbox"/> Email	Entered onto spreadsheet <input type="checkbox"/>