

# Shape Your World Society Volunteer/Board Application

We appreciate you taking the time to fill out this application. The information you provide will assist us in placing you in an appropriate volunteer opportunity that will match your skills and interests.

**PLEASE PRINT CLEARLY.** Thank you.

Please indicate if you are applying the position of Volunteer or Board Member? \_\_\_\_\_

## General Information

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Emergency Contact Details:

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_ Contact #: \_\_\_\_\_

Current Occupation/Area of Study: \_\_\_\_\_

Special Training, Skills, Hobbies?

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Groups, clubs, organizational memberships?

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Please describe your prior volunteer experience (include organization names and dates of service)

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What experiences have you had that may prepare you to work as a volunteer for Shape Your World Society?

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How did you become interested in Shape Your World Society and what prompted you to become involved as a volunteer?

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When are you available to volunteer (weekdays, weekends, mornings, afternoons, evenings)?  
Please be as specific as possible.

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## Skills and Abilities

Please indicate which skills and abilities you would be interested in sharing with us.

<input type="checkbox"/> Advertising	<input type="checkbox"/> Working Show Booths
<input type="checkbox"/> Computer skills	<input type="checkbox"/> Data Entry
<input type="checkbox"/> Decorating	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Driving: I have a valid BC driver's license ___ class	<input type="checkbox"/>
<input type="checkbox"/> Internet research	<input type="checkbox"/> Phone-outs
<input type="checkbox"/> Photography	<input type="checkbox"/> Proposal Writing
<input type="checkbox"/> Publishing, newsletters, posters, etc.	<input type="checkbox"/> Public Speaking
<input type="checkbox"/> Selling raffle / event tickets	<input type="checkbox"/> Volunteer Recruitment
<input type="checkbox"/> Soliciting sponsors / in-kind donations	<input type="checkbox"/>
<input type="checkbox"/> Speak other languages Please list: _____	<input type="checkbox"/>
<input type="checkbox"/> Special Events: Hostess	<input type="checkbox"/>
<input type="checkbox"/> Special Events: Organizing	<input type="checkbox"/>
<input type="checkbox"/> Training other volunteers	<input type="checkbox"/>
<input type="checkbox"/> Volunteer recruitment	<input type="checkbox"/>

Other (please specify): \_\_\_\_\_

## References

Please provide two references. One may be a personal or social reference (**no family members**).

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime telephone number: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime telephone number: \_\_\_\_\_

***Your signature gives the Volunteer Manager permission to contact your references.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date