



DR PETER AIDS FOUNDATION
1110 Comox Street
Vancouver, BC V6E 1K5

T: 604.608.1874
F: 604.608.4259

www.drpeter.org

VOLUNTEER APPLICATION

Send completed application to: **Volunteer Services Coordinator
1110 Comox Street
Vancouver, BC V6E 1K5
email: volunteer@drpeter.org**

DATE: _____

NAME: _____
(First) (Last)

ADDRESS: _____

CITY/ PROV: _____ **Postal Code** _____

HOME PHONE: _____ May we leave a message for you? _____

CELL PHONE: _____ May we leave a message for you? _____

WORK PHONE: _____ May we leave a message for you? _____

E-MAIL ADDRESS: _____

BIRTHDAY: _____

LANGUAGES: _____

EDUCATION: (Please check) _____ Secondary _____ Post- secondary

Degree/Diplomas obtained (please specify):

OCCUPATION: _____

EMERGENCY CONTACT:

NAME: _____ RELATIONSHIP: _____

CONTACT NUMBERS: Home: _____ Work: _____

VOLUNTEER EXPERIENCE: _____



SKILLS/HOBBIES: _____

Why do you want to volunteer at the Dr. Peter Centre? _____

What has been your experience working or being with persons living with HIV/AIDS?

REFERENCES: The Dr. Peter Centre sees the need to screen volunteers in order to ensure the protection of our participants and residents. We require **two references from people who have known you for at least a year. The general reference** should be someone in a capacity to give an objective assessment of your suitability for involvement with us (**not family members or friends**). The other reference should be a family member or close friend.

NAME: _____ **RELATIONSHIP:** _____

CONTACT NUMBER: _____

NAME: _____ **RELATIONSHIP:** _____

CONTACT NUMBER: _____

I understand that any misrepresentation in the previous statements will void this application and may be cause for termination.

I understand the information supplied is treated confidentially and will be used for processing my application. Your contact information is also used for: program statistics and evaluation as per funding requirements; mailings of information related to Dr. Peter AIDS Foundation and Dr. Peter Centre activities and events. I am under no obligation to work as a volunteer for the Dr. Peter Centre and the Dr. Peter Centre is under no obligation to accept my service.

Signature of Applicant

Date



AREAS OF INTEREST: DAY PROGRAM (Mon – Fri 9:00 am to 3:30 pm)

Please tell us in what area you would most like to volunteer:

- Driver
- Complimentary Therapies
- Recreation out trips
- Food Service
- Reception
- Gardener
- Open Studio Assistant
- Ask Me Volunteer
- Hair Dresser
- Pets & Friends Visitor
- Video Facilitator
- Photo Archives
- Computer Lab
- Tai Chi/Relaxation/Yoga Instructor

Availability: Please indicate times and days you are available to volunteer.

	Mon	Tues	Wed	Thurs	Fri
Mornings					
Afternoons					

AREA OF INTEREST: RESIDENCE (7days a week - 9:00 am to 8:00 pm)

Availability: Please indicate times and days you are available to volunteer.

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Mornings							
Afternoons							
Evenings							

AREA OF INTEREST: SPECIAL EVENTS (On Call Volunteer for Special Events)

Availability: Please indicate times and days you are available to volunteer:

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Mornings							
Afternoons							
Evenings							