



**VOLUNTEER APPLICATION**

Name: \_\_\_\_\_ Phone: (home) \_\_\_\_\_

Address: \_\_\_\_\_ (mobile) \_\_\_\_\_

City: \_\_\_\_\_ (work) \_\_\_\_\_

Postal Code: \_\_\_\_\_

Relevant jobs, training, education, or volunteer experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you speak, read or write any other language? \_\_\_\_\_

How did you find out about our volunteer program?

\_\_\_\_\_

**When are you available for training?**

Evenings: Mon. \_\_\_\_ Tues. \_\_\_\_ Wed. \_\_\_\_ Thur. \_\_\_\_

Daytime \_\_\_\_\_ (days: \_\_\_\_\_) Saturday mornings \_\_\_\_\_

Please indicate any medical conditions we should be aware of e.g. challenges in accessibility, disability, etc.

\_\_\_\_\_

**In an emergency, please notify**

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

1. Please describe your understanding of the services and programs offered by Victoria Women's Transition House:

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2. Why have you chosen to volunteer with VWTH and what do you hope to gain from this experience?

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3. What do you expect will be the most difficult aspect of volunteering at Transition House?

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4. What personal skills, training, work and volunteer experience do you have that you feel makes you a suitable candidate for this volunteer role and/or that would benefit Transition House?

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5. Which volunteer role(s) interest you the most? Please number in terms of preference.

\_\_\_\_\_ In-House Volunteer

\_\_\_\_\_ Crisis Line Volunteer

\_\_\_\_\_ Community Office Volunteer

\_\_\_\_\_ Specialized - area of expertise (e.g. web design, art, yoga, speaker) \_\_\_\_\_

\_\_\_\_\_ Special project / Short term Describe: \_\_\_\_\_

6. **If you are selected for the training, are you able to make the time commitment (see training date schedule)?** (Missing any of the sessions or not successfully completing the required assignments may make you ineligible to become a Volunteer).

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7. **Upon successful completion of the training for in-house and crisis line volunteers, a commitment of one weekly shift is requested. As well, you will be asked to attend debriefing and advanced training. In total, we request you complete 100 hours for In-House and Community Office volunteers, and 150 hours for Crisis Line volunteers of shifts, which usually takes one year. How will you fit this commitment into your life?**

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8. **If you were unable to make the next training session, would you like to be considered for future training sessions?** \_\_\_\_\_

9. **Please provide us with the names of two individuals who would provide a personal, work or volunteering reference for you. They should be someone not related to you.**

Name:  
Title:  
Agency/Company:  
(if applicable)  
Phone #:  
Email:  
Relationship to you:

Name:  
Title:  
Agency/Company:  
(if applicable)  
Phone #:  
Email:  
Relationship to you:

10. **By signing and submitting this Volunteer Application, I acknowledge this information is true and accurate. I authorize Victoria Women's Transition House Society to obtain references from the individuals listed above.**

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Signature

Date

**11. Please send your completed application form to:**

[dianned@vwth.bc.ca](mailto:dianned@vwth.bc.ca) or mail to  
Dianne de Champlain, Community Education & Volunteer Program Coordinator  
Victoria Women's Transition House Society  
100-3060 Cedar Hill Road  
Victoria, BC V8T 3J5

Victoria Women's Transition House Society is committed to protecting the privacy of personal information in our possession or under our control in accordance with the Personal Protection Act (PIPA). PIPA regulates the way we collect, use, keep, secure and disclose personal information. The information in the application is used for appropriate volunteer placement. This information is stored in a locked cabinet.

<b>OFFICE USE ONLY</b>	<b>Date received</b> _____
<b>Outcome:</b>	
_____	<b>IC</b> _____
<b>Training Group:</b>	
_____	<b>Ref.</b> _____
<b>Volunteer Commitment Completion:</b>	
_____	<b>CRC</b> _____