



## VOLUNTEER APPLICATION

Women applying to become In-House Volunteers, Community Office or Special Service volunteers working in the shelter must be out of an abusive relationship for at least two years and not have used VWTH services for two years; Crisis Line Volunteers for three years. However, the Volunteer Program Coordinator may choose to utilize former residents for short term or one-time volunteer activities and as a result may deviate somewhat from the above protocol

In accordance with the BC *Criminal Records Review Act*, implemented on January 1, 1996, a criminal record check is mandatory for anyone who works with children in organizations that receive operating funds from the provincial government. Thus, criminal record checks are required from all potential volunteers working out of the shelter and for Community Office volunteers.

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.

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

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

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

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

Date of Birth (for CRC) \_\_\_\_\_

Do you speak, read or write any other language? (level(s)) \_\_\_\_\_

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How did you find out about our volunteer program?

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**When are you available for training?**

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

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

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

\_\_\_\_\_ Shelter Volunteer

\_\_\_\_\_ Crisis Line Volunteer (training available after 50 hours of general volunteering)

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

\_\_\_\_\_ Specialized - area of expertise (e.g, art, public speaking, gardening, sewing)

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

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

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**6. 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 Shelter, Community Office, special volunteering including events/workshops etc.. After 50 hours you are eligible to apply for Crisis Line Training (optional). How will you fit this commitment into your life?**

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**7. If you were unable to attend the next training session, would you like to be considered for future training sessions?**

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

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**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:**

**Email:** [christyj@vwth.bc.ca](mailto:christyj@vwth.bc.ca)

**Drop Off:** 100-3060 Cedar Hill Road Mon-Fri 9-4pm

**Fax:** 250-385-5129