



VOLUNTEER INFORMATION REQUEST FORM

Thank you for your interest in BC Victims of Homicide (BCVOH), an initiative of the BC Bereavement Helpline (BCBH). The Helpline, established in 1986, was created to facilitate the provision of care and support to the bereaved and their caregivers of British Columbia, and to ensure that their interests are publically safeguarded. BCVOH aims to provide support and strength to the families and friends of individuals who have survived the loss of a loved one by homicide.

Please answer the following questions:

Name:					
Address:					
City:			Postal Code:		
Email:			Phone (Home):		
Phone (Cell):			Best time to contact you:		
1.	Are you seeking a volunteer position for:	Volunteer experience? _____	Education credits? _____	Work credits? _____	Other? _____
2.	How did you hear of BCVOH? _____				

3. Have you had any previous affiliation with BCVOH? (I.e. Volunteer, Member, Partnering Agency etc.)

4. What are your top three reasons for your interest in joining BCVOH as a volunteer?

1) _____

2) _____

3) _____

5. As a volunteer, what is of interest to you? (please mark with an "X")	<input type="checkbox"/>	Administration
	<input type="checkbox"/>	Public Events
	<input type="checkbox"/>	Field Research
	<input type="checkbox"/>	Marketing & Promotions
	<input type="checkbox"/>	Web Design/Maintenance
	<input type="checkbox"/>	Supporting Victims
	<input type="checkbox"/>	Other: _____

6. If you are chosen as a volunteer, please mark with an "X" which times of the week you are available:		<u>Mon.</u>	<u>Tues.</u>	<u>Wed.</u>	<u>Thurs.</u>	<u>Fri.</u>
	9AM-1PM					
	1PM-5PM					

7. If you are chosen as a volunteer, would you prefer to work at our office or remotely?

8. Would you be willing to participate in a criminal record check?

9. Please list your previous volunteer experience within the past 5 years, starting with the most recent:

1) _____

2) _____

3) _____

4) _____

5) _____

10.	Please list at least 2 references (one personal and one professional):			
		<u>Contact Name</u>	<u>Company/Organization/Affiliation</u>	<u>Contact Number(s)</u>
	1)			
	2)			
3)				

***Please note that a minimum of a 6 month commitment to volunteer is requested.**

Thank you for your time to respond to our questionnaire. A member of the BCBH will contact you. If you have any questions, please contact the Helpline at 604-738-9950.

Date: _____

Full Name: _____

Please submit to:

Volunteer Coordinator

Email: programmanager@bcvoh.ca

Additional comments and suggestions are encouraged.
