

Friends For Life Volunteer Application

Thank you for your interest in volunteering with Friends For Life. Together we can excel in our mission to be a catalyst to enhance the wellness of individuals living with a life-threatening illness by providing complementary and alternative health and support services. Please take a moment to fill out this form so that we can get to know you better. You will be contacted shortly and be invited to a volunteer orientation at Friends For Life.

Contact Informati	Date of Application			
Name		Home Phone		Day
Last Name		Work Phone		Month
Address		Fax		Year
City		Email		
Postal Code		Signature		
Birth Date (Year C)ptional)			
Day	Month		Year	
Emergency Conta	act Person			
Name	Relationship		Phone	
Society Members	hip and Previous Involve	ment		
Are you a member of F	riends For Life?	Yes 🛛	No 🗆	
Are you an Associate Member of Friends For Life?		Yes 🛛	No 🛛	
	oreviously at Friends For Life?	Yes 🛛	No 🗆	
Exporionco				
Experience				
Are you currently volun	teering anywhere else?	Yes 🗌	No 🗆	
•••••••••••••••••••••••••••••••••••••••	ning in any of the following area	S:		
First Aid 🛛	Food-safe 🗆	Serving	It Right 🗖	
Other relevant training	:			

Availability

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	
Morning								
Afternoon								
Evening								
		mit to voluntee	er? Weekly	,	Special	,		
Length of C	commitment:							
Less than 6 months \Box 6 months–1 year \Box				1 year plus 🗖				

Area of Interest (Please indicate the area(s) that interest you the most)

Program Facilitation (Facilitators must be certified to the extent of their profession requirements)
Massage and Bodywork Therapies
Chiropractic
□ Naturopathic Doctor
Ayurvedic Practitioner
Traditional Chinese Medicine
U Workshop
□ Other
Hosting/Reception
Chef (brunch crew lead)
Cook (brunch crew)
ere another area that interests you that is not listed?

Please write about experience and skills (work or volunteer) which you can bring to Friends For Life, and what your legacy with us would look like.

Vehicle Availability

Do you have an insured vehicle, and are you willing to do occasional pick-ups and deliveries? Yes \Box $\;$ No $\;$

How did you hear about Friends For Life?

Mail, drop off or fax completed application to:

Vancouver Friends For Life Society Diamond Centre For Living 1459 Barclay Street Vancouver, BC V6G 1J9 Lindsay Wells Director of Programs & HR lindsay@friendsforlife.ca T 604 682 5992 Ext 2 F 604 682 3592 www.friendsforlife.ca