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## Volunteer Application Form

Acceptance of your volunteer application is dependent upon satisfactory reference checks:  
**Volunteer placement is not guaranteed as there may not always be suitable opportunities available:**

**Please allow 4 weeks for the application process:**

Thank you for your interest in volunteering with Richmond Addiction Services Society.

Date: _____	
First Name: _____	Last Name: _____
Preferred Name: _____	Gender: _____
Address: _____	City: _____ Postal Code: _____
Telephone Numbers Home: _____	Cell: _____ Work: _____
Email Address: _____	Date of Birth: _____

Work experience: \_\_\_\_\_  
\_\_\_\_\_

Education and Qualifications: \_\_\_\_\_  
\_\_\_\_\_

Previous volunteer experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Languages: Spoken \_\_\_\_\_

Written \_\_\_\_\_

Skills you wish to share: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have a medical condition that would affect your volunteering (please explain) ?

\_\_\_\_\_

\_\_\_\_\_

Why do you want to volunteer with RASS?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Length of commitment is one year. Are there any times when you will not be available?

\_\_\_\_\_

Times Available:

Please list, under each day, your available hours	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
morning							
afternoon							
evening							

Who should we contact in the event of an emergency ?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone numbers: \_\_\_\_\_

Please list 2 references, preferably not family (note – these individuals will be contacted)

1) Name: \_\_\_\_\_ Daytime phone number(s): \_\_\_\_\_

How do you know this person? \_\_\_\_\_

2) Name: \_\_\_\_\_ Daytime phone number(s): \_\_\_\_\_

How do you know this person? \_\_\_\_\_

"I hereby certify that the information contained in this application is true to the best of my knowledge:"

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Privacy Practice Statement:**

Richmond Addiction Services protects your personal information and adheres to all legislative requirements with respect to privacy. We do not rent, sell or trade our lists of volunteers. We use your personal information to keep you informed and up to date on the activities of the project, also including, but not limited to: opportunities to volunteer, upcoming events, educational opportunities and seasonal greetings. If at any time you wish to be removed from any of our mailings, please advise us at 604-270-9220 or email [rick@richmondaddictions.ca](mailto:rick@richmondaddictions.ca) and we will process your request within 7 business days.