



South Island Dispute Resolution Centre Society

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VOLUNTEER APPLICATION

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

PERSONAL PROFILE: Please give us as much information as possible. Whilst we try to ensure that applicants are matched to volunteer opportunities, this cannot be guaranteed.

What skills and experience can you bring to SIDRCS? (This may be work-related or gained through volunteering, training and education, personal experience as well as hobbies, sports, etc.)

What do you hope to gain from volunteering at SIDRCS?

AVAILABILITY AND TIME COMMITMENT:

I am available for one off events

Daytime evening weekends

I am available on a weekly basis

I am able to commit to _____ hours per week



REFERENCES: Should you be offered a volunteer opportunity with SIDRCS, we will need to undertake 2 references for you. References cannot be family members and you must have known them for over one year.

NAME: _____

PHONE: _____

EMAIL: _____

RELATIONSHIP TO YOU: _____

NAME: _____

PHONE: _____

EMAIL: _____

RELATIONSHIP TO YOU: _____

Do you have any criminal convictions or outstanding warrants/charges that may affect your ability to volunteer at the SIDRCS?

YES NO

The SIDRCS takes very seriously its responsibilities for the safety and welfare of its service users, its volunteers and the organisation as a whole. Criminal records will be taken into account only when the conviction is relevant. Declaring a conviction will not prevent you from being considered for a volunteer role.

SIDRCS values your support and promises to respect your privacy. We will not disclose or share personal information supplied by you.

I understand and agree that, as part of volunteering with SIDRCS my details may be held in a confidential database that is only used for reasons relating to my volunteering.

APPLICANT SIGNATURE: _____

DATE: _____

Return this form to:

Jodi Williams
SIDRCS
102-2220 Sooke Road
Victoria BC V9B 0G9