

Ki-Low-Na Friendship Society

442 Leon Avenue, Kelowna B.C. V1Y 6J3
Telephone: (250) 763-4905 Fax: (250) 861-5514
Email: Events@kfs.bc.ca



VOLUNTEER APPLICATION

YOUR CONTACT INFORMATION

LAST NAME: FIRST NAME:

EMAIL: PHONE NUMBER:

STREET ADDRESS:

CITY: PROVINCE:

POSTAL CODE:

ASSIGNMENT

Please check one or more of the following volunteer areas that most interest you

Administration/Clerical	<input type="checkbox"/>	Child minding	<input type="checkbox"/>
Fund raising	<input type="checkbox"/>	Organizing Special Events	<input type="checkbox"/>
Serving (set up & clean up)	<input type="checkbox"/>	Teaching	<input type="checkbox"/>
Kitchen duties	<input type="checkbox"/>	Being a board member	<input type="checkbox"/>
Maintenance	<input type="checkbox"/>	Singing/Dancing/ Music	<input type="checkbox"/>
Saturday outreach breakfast	<input type="checkbox"/>	Volunteer Driver	<input type="checkbox"/>
Special skills (tech, photography, construction, art etc.)	<input type="checkbox"/>	Other:	<input type="text"/>

AVAILABILITY

Please check all that apply:

- | | | | |
|--------------|--------------------------|--------------|--------------------------|
| Monday AM | <input type="checkbox"/> | Monday PM | <input type="checkbox"/> |
| Tuesday AM | <input type="checkbox"/> | Tuesday PM | <input type="checkbox"/> |
| Wednesday AM | <input type="checkbox"/> | Wednesday PM | <input type="checkbox"/> |
| Thursday AM | <input type="checkbox"/> | Thursday PM | <input type="checkbox"/> |
| Friday AM | <input type="checkbox"/> | Friday PM | <input type="checkbox"/> |
| Saturday AM | <input type="checkbox"/> | Saturday PM | <input type="checkbox"/> |
| Sunday AM | <input type="checkbox"/> | Sunday PM | <input type="checkbox"/> |

PREVIOUS WORK / VOLUNTEER EXPERIENCE

Please provide details about relevant work and/or volunteer experience:

Special Skills/Interests/
Hobbies:

Special Training/
Certification:

ADDITIONAL INFORMATION

	Yes	No
Do you have a driver's license?	<input type="radio"/>	<input type="radio"/>
If yes, Class 4?	<input type="radio"/>	<input type="radio"/>
Would you drive for the agency?	<input type="radio"/>	<input type="radio"/>
Do you have your own transportation?	<input type="radio"/>	<input type="radio"/>

Additional information continued

	Yes	No
Do you have any medical conditions that should be taken into consideration?	<input type="radio"/>	<input type="radio"/>

If yes, please specify:

Languages spoken:

Written:

PERSONAL REFERENCES

Name

Relationship

Phone number

Name

Relationship

Phone number

EMERGENCY CONTACT INFORMATION

Name

Relationship

Phone

Name

Relationship

Phone

CRIMINAL BACKGROUND CHECK

Mandatory for all KFS volunteers

	Yes	No
Have you completed the criminal background check?	<input type="radio"/>	<input type="radio"/>

If NO, please follow the instructions below to submit:

- 1) Have ID (BC ID, driver's license, etc.) handy
- 2) Go to <https://justice.gov.bc.ca/eCRC/>
- 3) Enter access code: **A7CCXVB4FJ**
- 4) Follow the instructions given and submit
- 5) Report will be e-mailed directly to KFS

Please call (250) 763-4905 ext. 236 if you have any questions.

Please submit completed application to events@kfs.bc.ca, or in person at 442 Leon Avenue, Kelowna BC V1Y 6J3.