



# **Sooke Options for Community Living Association**

## **VOLUNTEER REGISTRATION FORM**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Current Occupation:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Education, training/work experience that may relate to working with people with developmental disabilities:** \_\_\_\_\_

\_\_\_\_\_

**Do you have any health problems/disabilities that would limit any of your activities?** \_\_\_\_\_

\_\_\_\_\_

**Previous volunteer experience, if any:** \_\_\_\_\_

\_\_\_\_\_

**Why did you decide to volunteer?** \_\_\_\_\_

\_\_\_\_\_

**How did you learn about SOCLA?** \_\_\_\_\_

\_\_\_\_\_

**Please list any skills/strengths that you feel you have:** \_\_\_\_\_

\_\_\_\_\_

**Please list any current interests, hobbies, activities/group affiliations:** \_\_\_\_\_

\_\_\_\_\_

**SOCLA has a wide variety of activities and programs in which volunteers can participate. Please check those activities in which you are interested:**

**Community Outings** \_\_\_\_\_

**Recreation/Leisure Activities** \_\_\_\_\_

Art/Crafts Activities \_\_\_\_\_  
 list: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

i.e. swimming, etc.  
 Music Enjoyment \_\_\_\_\_  
 Baking/Cooking \_\_\_\_\_  
 Communication Skills \_\_\_\_\_

Sign Language \_\_\_\_\_

Fundraising \_\_\_\_\_  
 Other – list: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REFERENCES – Please list two people (not related to you) that we may contact for a character reference:**

NAME	ADDRESS	PHONE	RELATIONSHIP

**Please indicate times available:**

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

Do you have a valid driver’s license? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Class? \_\_\_\_\_ Do you have a car? Yes \_\_\_\_\_ No \_\_\_\_\_

**For what period of time are you prepared to commit yourself as a volunteer for SOCLA?**

\_\_\_\_\_

**I have read and am aware of SOCLA policies:** \_\_\_\_\_

**As a volunteer, I will respect the confidentiality of all medical and personal information regarding individuals and will refrain from discussing such information outside SOCLA:** \_\_\_\_\_

**I understand that failure to respect confidentiality will result in immediate dismissal.**

**I understand that a Criminal record Check is required to be a volunteer for SOCLA.**

**All information provided, to the best of my knowledge, is accurate:**

\_\_\_\_\_

**Signature**

**Date**

**Completed forms may be submitted to : SOCLA, Box 1022, Sooke, BC, V0S 1N0 or faxed to 250 6420660**

**FOR OFFICE USE ONLY**

**References have been checked: Yes \_\_\_\_\_ No \_\_\_\_\_**

**Comments:**

**Volunteer has been briefed on SOCLA Policies – attach signed form: Yes \_\_\_\_\_ No \_\_\_\_\_**

**Volunteer has had Criminal Record Check – attached: Yes \_\_\_\_\_ No \_\_\_\_\_**

**Management Staff Signature \_\_\_\_\_ Date \_\_\_\_\_**