



# ARROWSMITH COMMUNITY JUSTICE SOCIETY

## Volunteer Application Form

Adopted: 14 Oct 2014

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*All information given on this form is confidential to the program in accordance with the Personal Information Privacy Act (PIPA) and will not be shared.*

### PERSONAL INFORMATION

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

Maiden Name (if applicable) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Previous Address: (if less than 5 years at above)

\_\_\_\_\_

### EMPLOYMENT INFORMATION

Name of Employer: \_\_\_\_\_

Type of Occupation: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Do you work full-time; part-time; seasonal; retired? (please circle appropriate)

How long have you been with this employer? \_\_\_\_\_

Phone Number \_\_\_\_\_

### OTHER;

Tell us briefly about your background and experience?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(use reverse as required)

What attracted you to apply as a volunteer with this program?

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**REFERENCES:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

References will be contacted after the interview process and will be asked for information relative to the answers given during the interview.

I consent to having the ACJS contact the references I have given and agree to participate in an interview.

An RCMP criminal record check is required for all participants.

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

Please return this completed application form to the Arrowsmith Community Justice Society  
Office at Arrowsmith Community Justice Society  
727 West Island Hwy  
Parksville, BC, V9P 1B9

For Arrowsmith Community Justice Society use only	
Date Received: _____	Date of initial contact: _____
Date of Training: _____	
Notes: _____	
_____	
_____	