



Serving the Communities of Anmore, Belcarra, Coquitlam, New Westminster, Port Coquitlam and Port Moody

## **General Volunteer Application**

### **General Information:**

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

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

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Are you willing to have a criminal record background check? Yes  No

Are you available to volunteer 10 hours per month? Yes  No

### **Employment Information:**

Occupation: \_\_\_\_\_

Are you currently employed? Yes  No

If yes, please indicate if you are currently working Full-time  Part-time

Name of company or agency: \_\_\_\_\_

Position: \_\_\_\_\_

Can you be contacted during working hours? Yes  No

If yes, Business Tel: \_\_\_\_\_ Business Fax: \_\_\_\_\_

### **Educational Background:**

Please indicate any diplomas, certificates and degrees you have attained.

**Certificate, Diploma, Degree**

**Institution**

**Date**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you currently a student? Yes  No

If yes, course/program enrolled in: \_\_\_\_\_

Please describe any training you have received which may be relevant to a general volunteer position (e.g. administration/office skills, writing, research, website management, data entry, conflict resolution or mediation training, teaching, public speaking, translation etc.)

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**Volunteer Experience:**

Please describe any previous volunteer work experience:

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**Other Information:**

What languages are you fluent in?

Spoken \_\_\_\_\_

Written \_\_\_\_\_

What strengths do you think you would contribute to a volunteer position?

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**Statement of Interest:**

Please tell us in a paragraph or two, on a separate sheet, why you are interested in volunteering with CERA.

**References:**

Please provide the names and phone numbers of three references. At least one reference should be employment or volunteer work-related.

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

Tel: \_\_\_\_\_

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

Tel: \_\_\_\_\_

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

Tel: \_\_\_\_\_

*I affirm that the information given in this application is true.*

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

Date:

Please mail, fax or email completed application to:

**CERA Society**  
**644 Poirier Street**  
**Coquitlam BC**  
**V3J 6B1**

Fax: 604-931-3176 Email: [info@cerasociety.org](mailto:info@cerasociety.org)

For more information, please call our office at 604-931-3165.