



VOLUNTEER INFORMATION REQUEST FORM

Thank you for your interest in the **BC Bereavement Helpline (BCBH)**. The Helpline, established in 1986, was created to facilitate the provision of care and support to the bereaved and their caregivers of British Columbia, and to ensure that their interests are publically safeguarded.

Bereavement support is an **Essential Service** and we are continually looking for dedicated Volunteers to work with our team. Please complete the following questions that are optional, however, the more we know about you, the better we can match our positions with your interests.

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Name: _____ **Address:** _____
City: _____ **Postal Code:** _____
Email: _____ **Phone (Home):** _____
Phone (Cellular): _____ **Birthday (MM/DD):** _____

1.	Are you seeking a volunteer position for:	Volunteer Experience? _____	Education Credits? _____	Work Credits? _____	Other: _____
2.	How did you hear of the BCBH? _____				
3.	Have you had any previous affiliation with the BCBH? (I.e. Volunteer, Member, Partnering Agency etc.) _____				
4.	What are your top three reasons for your interest in joining the BCBH as a Volunteer?	1) _____ 2) _____ 3) _____			
5.	As a volunteer, what is of interest to you? (Please Mark with an "X")	<input type="checkbox"/> Helpline Call Taker <input type="checkbox"/> Public Events <input type="checkbox"/> Field Research <input type="checkbox"/> Marketing & Promotions <input type="checkbox"/> Administration <input type="checkbox"/> Other: _____			

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6.	If you are chosen as a volunteer, please mark with an "X" which times of the week you are available.	<u>Mon.</u>	<u>Tues.</u>	<u>Wed.</u>	<u>Thurs.</u>	<u>Fri.</u>
	AM (9am-1pm)					
	PM (1pm-5pm)					
7.	Would you be willing to participate in a criminal record check?	_____				
8.	Please list your previous volunteer experience within the past 5 years, starting with the most recent.					
	1)	_____				
	2)	_____				
	3)	_____				
	4)	_____				
	5)	_____				
9.	Please list at least 2 references (one personal and one professional)					
	<u>Contact Name</u>	<u>Company / Organization / Affiliation</u>	<u>Contact Number(s)</u>			
	#1)					
	#2)					
	#3)					

***Please note that a minimum of a 6 month commitment to volunteer is requested.**

Thank you for your time to respond to our questionnaire. A member of the BCBH will contact you. If you have any questions, please contact the Helpline at **604-738-9950**.

Date: _____

Full Name: _____

Please Submit to: Program Manager

Email: contact@bcbh.ca

Fax: 604-265-4795

Additional comments and suggestions are encouraged.
