





# Volunteer Screening Form

Languages you speak:

Languages your read or write:

Fluency level of English:     Beginner     Intermediate     Advanced     Fluent  
 Fluency level of \_\_\_\_\_:     Beginner     Intermediate     Advanced     Fluent

**In case of emergency notify:**

Name:	Relationship:	Telephone:
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**Give two personal references (other than family):**

Name:	Relationship:	Telephone:
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Name:	Relationship:	Telephone:
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Do you have any health problems or restrictions that might affect your volunteer work?     Yes     No

If "yes" please explain:

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Length of Commitment:     3 months (minimum)     longer  
     6 months     not sure

Time availability:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
<b>Morning</b>							
<b>Afternoon</b>							
<b>Evening</b>							

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent or Guardian*  
(if volunteer is under 19)

\_\_\_\_\_  
*Date*

<b>FOR OFFICE USE ONLY</b>	<input type="checkbox"/> Criminal Record Check	<input type="checkbox"/> Reference Check	Interviewed by:
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The Corporation of Delta  
 4500 Clarence Taylor Crescent  
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[www.corp.delta.bc.ca](http://www.corp.delta.bc.ca)

For more information please contact our Volunteer Coordinator at 604.946.3288 OR email [volunteers@corp.delta.bc.ca](mailto:volunteers@corp.delta.bc.ca)