

Volunteer Application

Thank you for considering us

First Name: _____ Last Name: _____

Street Address: _____

City: _____ Postal Code: _____

Phone: _____ Email: _____

The areas you're interested in volunteering:

General Help <input type="checkbox"/> Toy washing <input type="checkbox"/> Pediatric gym equipment cleaning & upkeep <input type="checkbox"/> Treatment material preparation <input type="checkbox"/> Front desk welcome/support	Special Events <input type="checkbox"/> Share-a-Smile Telethon (Nov) <input type="checkbox"/> Tee it Up Golf Tournament (Sept) <input type="checkbox"/> Raffle ticket sales <input type="checkbox"/> Sponsor appreciation <input type="checkbox"/> Staff appreciation (for example: baking cookies in our kitchen for staff)
Facility <input type="checkbox"/> Yard work/gardening <input type="checkbox"/> Maintenance of sheds and playground bikes <input type="checkbox"/> Minor facility repairs <input type="checkbox"/> Painting	Extra Hands *Must have background working with children <input type="checkbox"/> Story time <input type="checkbox"/> Early Childhood Program support

Your special skills:

What is your availability:

Mon	Tues	Wed	Thurs	Fri	Sat	Sun
<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon
<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening

What is the minimum period of time you expect to be able to commit to volunteer service?

- ☐ Up to 3 months
 ☐ Up to 6 months
 ☐ 1 year or longer

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Tell us why

Why do you want to volunteer with OSNS? What do you hope to get out of your volunteer experience?

Education/Experience/Background

Tell us about yourself

If you are a student, please complete the following

Name of school and program: _____

What year are you enrolled in? _____ How many volunteer hours do you need to complete? _____

Please give two references with phone numbers

1.	Phone:	Relationship:
2.	Phone:	Relationship:

Thank you for your interest in volunteering with us. Due to the sensitive nature of our work, volunteers will be asked to submit a criminal record check.

- ☐ I have informed my supervisor of any health or specific disability that would interfere with my performance as a volunteer
- ☐ I have provided a current criminal record check
- ☐ I have signed a confidentiality form

Signature

Date

Please send completed forms to info@osns.org, with subject line Volunteer Application and your name. Alternatively, you can drop the form off at our Centre at 103-550 Carmi Ave West in Penticton.

For internal use

<input type="checkbox"/> Signed confidentiality form	<input type="checkbox"/> Orientation date:
<input type="checkbox"/> Criminal record check	<input type="checkbox"/> Assigned area/department:
<input type="checkbox"/> Reference check	<input type="checkbox"/> Days: <input type="checkbox"/> Time:
<input type="checkbox"/> Added to distribution list	<input type="checkbox"/> Start date: