



 Date Received:

The Kelowna & District Society for People In Motion is dedicated to the inclusion and equality of children and adults with disabilities throughout the City of Kelowna, the Okanagan Valley, and visitors from around the world.

Volunteer Application Form

A criminal reference check is **required** of all volunteers prior to commencement of any volunteer duties at The Kelowna & District Society for People In Motion.

PLEASE PRINT:

First Name: _____ Middle Name: _____ Last Name: _____
 Address: _____ Home Phone: _____
 City: _____ Work Phone: _____
 Province: _____ Postal Code: _____ Cell Phone: _____
 Best time to contact you: _____ Email: _____
 Emergency contact Name: _____ Phone: _____

Please check the time(s) you are available to volunteer:

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| <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 |

Morning (8:00-12:00pm) Afternoon (12:00-6:00pm) Evening (6:00pm-10:00pm)

Please check what areas/programs are of interest to you (you may check more than one box):

- Powerchair Soccer Program
- Wheelchair Basketball Program
- Powderhounds Adaptive Skiing Program
- Kids In Motion Family Fun Day Event
- Out & About Program/Transportation
- Community Awareness
- Fundraising & Special Events
- Administrative/Reception

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References (please list three):

- (1) Name: _____ Relationship to you: _____
Phone: _____ Email: _____
- (2) Name: _____ Relationship to you: _____
Phone: _____ Email: _____
- (3) Name: _____ Relationship to you: _____
Phone: _____ Email: _____

Current or Past Volunteer Experience (related or other):

Volunteer Statement:

I understand that People In Motion will be collecting, creating, using, and disclosing my personal information for the purpose of establishing and managing a volunteer relationship.

I consent to The Kelowna & District Society for People In Motion doing so, and I also consent to the collection and use of my personal information in order to ensure the safety of People In Motion participants, for statistical purposes, and to inform my about People In Motion programs or services.

Applicant's Signature

Date

Required for volunteers under 19 years of age:

Parent/Guardian Signature

Print Name



Please send completed forms to:

The Kelowna & District Society for People In Motion
#23-1720 Ethel Street, Kelowna, BC, Canada, V1Y 2Y7
Tel: 250-861-3302, Fax: 250-861-3388, Email: info@pimbc.ca