# Volunteer Application

Please fill out the information requested and return to Ucwalmicw All Nations Services Society (UANSS) to receive consideration for a volunteer position.
You may mail this form to our mailing address listed above, attach it to an email to general@uanss.com “save as” UANSS\_VolunteerApplication\_YourName,
or drop it by our office: 34629A Delair Road, Abbotsford BC.

Ucwalmicw All Nations Services Society (UANSS) is a not-for-profit organization
and registered charity which provides services for all urban Indigenous Peoples’ in the
Fraser Valley region. We invite volunteers over the age of 19 to engage with and provide services for our clients across the Fraser Valley.

All information on this form will be kept confidential and will help us find the perfect volunteer project for you. Please be advised that we work with a vulnerable population.

Thank you for your interest in our organization.

## Section A — Contact Information

Full name:

Street address:

City: Province:

Phone number\*: Postal Code:

Email:

**In case of emergency, please contact:**

 Name:

 Relationship:

 Phone number:

## Section B — Availability

Please indicate which days and times you are available to volunteer:

If there are any changes to the availability listed here, please let Lori Vandenberg, Executive Administrator know immediately at general@uanss.com or 604-425-3455.

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

Any physical limitations:

Languages spoken:

## Section B — Position Information

What position are you applying for?

What skills can you contribute to the organization?

Do you have any special areas of training, such as lifeguard, bus driver, nurse, etc.?

What experience do you have in this area?

*As a volunteer of our organization, I agree to abide by all policies and procedures. I understand that I will be volunteering at my own risk, and that the organization, its employees, and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis, and I am not eligible to receive any monetary payment or reward.*

Signature: Date: