 The Sickle Cell Association of BC

**Volunteer Application Form**

Thank you for your interest in volunteering with the Sickle Cell Association of BC (SCBC). ). Please complete the form below and return it to the Sickle Cell Association of BC, 322-104-1015 Columbia Street, New Westminster, BC, V3M 6V3. Phone: 778-710-0024. Or visit us at our website at [www.sicklecellassociationofBC.com](http://www.sicklecellassociationofBC.com). Please feel free to attach additional sheets to answer questions as necessary.

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**Volunteer’s Information**

**First Name Last Name**

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**Mailing Address Suite or Apt Number**

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**City Province Postal Code**

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**Phone / Cell** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **E-mail Address / Website \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Volunteer’s Experience, Background & Interests**

Current Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Previous Non-Profit volunteer Experience**

Have you previously worked as a volunteer with a Non-Profit organization? Yes No

If Yes: Please give us some details on your past experience(s). What did you enjoy about the role? Was there anything that you did not enjoy? What was the overall experience like and what did you gain from it?

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**Interest in Sickle Cell Community and the Sickle Cell Association of BC**

Why are you interested in Volunteering for the Sickle Cell Association of BC?

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What professional skills and experience do you have that you feel would be an asset to Sickle Cell Association of BC? How do you feel you can contribute to helping the Sickle Cell Association of BC work towards its vision of a better life for Canadians living with Sickle Cell?

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What would you gain from the experience of being a Volunteer?

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Are there any particular areas of our work that you are really passionate about and in which you want to be engaged? Is there anything you do not want to do/are not comfortable doing as a Volunteer? (For example: I would like to be involved with fundraising and special events but I do not enjoy office work; or, I enjoy researching and writing grants but I am not interested in public speaking: or, I have experience in social work and would be interested in helping to develop psychosocial resources but fundraising is not for me, etc.)

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**Volunteer Positions:**

Please mark areas of expertise or interest:

* Office support – administration
* Human resources
* Volunteer recruitment
* Volunteer training / orientation
* Coaching / mentoring
* Customer / patient service & support
* Governance and policy
* Leasing with stakeholders
* Public relations
* Communications
* Support groups and information sessions
* Event planning
* Food preparation
* Transportation
* Article and newsletter materials development
* Fundraising

**Volunteer Positions:**

Please mark areas of expertise or interest:

* Grant writing and research
* Health promotion-education and awareness, public speaking, or medical writing / articles
* Newsletter writing / articles, newsletter and magazine design
* Website development and design
* Graphic and logo design
* Social media and crowd funding
* Computer and technical support
* Membership drives
* Sponsorship
* Blood and stem cell drives
* Canvassing
* Awareness and outreach activities
* Children and youth activities
* Public speaking
* Research and medicine
* Legal
* Accounting and bookkeeping
* Financial: please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Body work (ie. massage, physiotherapy, cranial sacral, chiropractic, Reiki, Shiatsu, etc). Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other: please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you have any past experience in these areas? YES NO (but would like to gain experience)

If you do have past experience please list the organization’s name and supervisor’s contact information. Please start with the most recent and provide the dates of volunteering. Or attach resume

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Education:

Please specify:

* College level education: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Undergraduate degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Post graduate degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Doctorate level or higher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Languages:

Please list any languages you may speak (spoken and or written):

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Do you have up-to-date first aid, nursing or medical skills?

YES NO

Please specify:

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If you wish to, please include any other information you feel would help us to find the perfect Volunteer role for you that will allow you to get the most out of your experience.

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Approximately, how much time per week/month would you like to commit to your Volunteer role?

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Are you interested in a short term or longer term project?

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When is the best time to reach you?

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Please write a list of 3 references and your relationship to them, with their phone numbers, address, and email.

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Comments (optional):

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How did you hear about the Sickle Cell Association of BC (SCBC)?

* Newsletter
* TV
* Radio
* Website
* Other: please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**volunteer’s signature: ­­­­­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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