

BRITISH COLUMBIA BEREAVEMENT HELPLINE

Putting Life, Loss and Love into Perspective

VOLUNTEER INFORMATION REQUEST FORM (updated March 10, 2011)

Thank you for your interest in the **BC Bereavement Helpline (BCBH)**. The Helpline, established in 1986, was created to facilitate the provision of care and support to the bereaved and their caregivers of British Columbia, and to ensure that their interests are publically safeguarded.

Bereavement support is an **Essential Service** and we are continually looking for dedicated Volunteers to work with our team. Please complete the following questions that are optional, however, the more we know about you, the better we can match our positions with your interests.

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Name: _____ **Address:** _____
City: _____ **Postal Code:** _____
Email: _____ **Phone (Home):** _____
Phone (Cellular): _____ **Best Time to Contact You:** _____

1.	Are you seeking a volunteer position for:	Volunteer Experience?	Education Credits?	Work Credits?	Other:	
		_____	_____	_____	_____	
	2.	How did you hear of the BCBH?				

	3.	Have you had any previous affiliation with the BCBH? (I.e. Volunteer, Member, Partnering Agency etc.)				

4.	What are your top three reasons for your interest in joining the BCBH as a Volunteer?	1) _____				
		2) _____				
		3) _____				
5.	As a volunteer, what is of interest to you? (Please Mark with an "X")	_____	Helpline Call Taker			
		_____	Public Events			
		_____	Field Research			
		_____	Marketing & Promotions			
		_____	Web Design / Maintenance			
		_____	Administration			
		_____	Other: _____			

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6.	If you are chosen as a volunteer, please mark with an "X" which times of the week you are available.		<u>Mon.</u>	<u>Tues.</u>	<u>Wed.</u>	<u>Thurs.</u>	<u>Fri.</u>	<u>Sat.</u>
	AM (9am-1pm)							
	PM (1pm-5pm)							
	PM (5pm-9pm)							
7.	If you are chosen as a volunteer, would you prefer to work at our office or remotely?		_____					
8.	Would you be willing to participate in a criminal record check?		_____					
9.	Please list your previous volunteer experience within the past 5 years, starting with the most recent.							
	1) _____							
	2) _____							
	3) _____							
	4) _____							
	5) _____							
10.	Please list at least 2 references (one personal and one professional)		<u>Contact Name</u>	<u>Company / Organization / Affiliation</u>			<u>Contact Number(s)</u>	
	#1)							
	#2)							
	#3)							

***Please note that a minimum of a 6 month commitment to volunteer is requested.**

Thank you for your time to respond to our questionnaire. A member of the BCBH will contact you. If you have any questions, please contact the Helpline at **604-738-9950**.

Date: _____

Full Name: _____

Please Submit to: Volunteer Coordinator

Email: bcbh@telus.net

Fax: 604-736-2668

Additional comments and suggestions are encouraged.
