

# **BCCC** Volunteer Immersion Program (VIP)

## **APPLICATION FORM**

Our organization encourages the participation of volunteers who support our mission. If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you.

Thank you for your interest in our organization.

### **Contact Information**

Name:			
Address:			
City:	Province:	Postal Code:	
Phone:	Email:		

Please tell us in which areas you are interested in volunteering:

☐ Marketing

Operations

Event

#### Please indicate the days that you are available:

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					



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### Please read the following carefully before signing this application:

□ I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with BCCC that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position.

I understand that information contained on my application will be verified by BCCC.

I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with BCCC or my termination as a volunteer.

I understand that the volunteer opportunity is an unpaid position, and I do not expect compensation for my volunteer duties.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_