



VOLUNTEER APPLICATION: CAMPBELL RIVER



PERSONAL INFORMATION

Full Name _____

Address _____

Phone Number _____

Birth Year (optional) _____

E-Mail _____

CAMPBELL RIVER PROGRAMS

What programs/activities interest you most as a volunteer?

☐ **Better at Home**

☐ Friendly Visiting
Program

☐ Food Delivery

☐ Transportation

☐ **Seniors Navigation Hub** (* Note: this program will begin in May 2025) Support seniors, their families and caregivers with their information needs, learning how to access and navigate health and social service systems.

☐ **Board of Directors**

We are always looking for people who have a keen interest in the collaborative work and consultative governance of the Society and who would like to contribute their time and expertise. Please contact us for more information at board@ssnvi.ca

GENERAL INFORMATION

What else would you like to tell us about you that may be helpful in offering you meaningful volunteer work with us? (Skills, interests, qualifications)

Provide a brief background of any relevant volunteer and/or work experience

In addition to the application, potential volunteers are required to complete a Criminal Records Check, sign a non disclosure form and complete a training session.

All completed applications can be dropped off at the office or emailed to bah.cr@ssnvi.ca

If you have any questions, please contact the office at: 250-830-8709 or send us an email.