



BOSTON  
BAR/NORTH BEND  
ENHANCEMENT  
SOCIETY



Better at Home is funded by the Government of British Columbia.

## Hope/Fraser Canyon Better at Home VOLUNTEER APPLICATION

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Init: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (mm/dd/yyyy) Gender: \_\_\_\_\_

Residential Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mailing Address: (if different from above) \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

Preferred communication:  Home Phone  Fax  Cell  Email

Best time to contact you: \_\_\_\_\_

### Emergency Contact:

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Init: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship: \_\_\_\_\_

1. How did you hear about the Better at Home program?

Friend/Family  Doctor  Care Transit  Home/Community Care or Health Authority

Advertisement  Other \_\_\_\_\_

2. Please check which volunteer service you are interested in providing:

Transportation  Friendly Visiting  Light Housekeeping  Light Yardwork

Minor Home Repairs  Snow Shovelling  Grocery Shopping

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3. Please check which description(s) best fits your current status:

- Retired  Employed Full-time  Employed Part-time  Student  Stay-at-home parent  
 Other \_\_\_\_\_

If currently employed, what is your occupation? \_\_\_\_\_,

What type of work have you done in the past? \_\_\_\_\_

\_\_\_\_\_

4. Have you ever done any volunteer work?  Yes  No If yes, with whom and what did you do?

\_\_\_\_\_

\_\_\_\_\_

5. What experience, personal or professional, have you had with seniors (for example: caring for an elderly relative)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. It is known that people get involved with volunteer work for four basic reasons:

Social—to be with others

Emotional—to give to others

Intellectual—to learn more

Spiritual—to enhance & share with others

What led you to consider applying to be a volunteer with this Program? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. What are your special hobbies, skills, and/or interests? \_\_\_\_\_

\_\_\_\_\_

8. Do you have any allergies, physical limitations or medical issues that will impact your ability to volunteer (e.g. bad back, etc.)? \_\_\_\_\_

\_\_\_\_\_

Do you smoke?  Yes  No

\_\_\_\_\_

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9. Do you have a current and valid BC Driver's License?  Yes  No Class No. \_\_\_\_\_

10. Availability:

**Please print the time of day (for example 10am – 12pm, 3pm – 5pm) for the days of the week you would be available.**

	Available time	Available time	Comments
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

11. What are your expectations for the Better at Home Program in our area? \_\_\_\_\_

12. What are your expectations for the Better at Home Program Coordinator? \_\_\_\_\_

**REFERENCES:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

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I understand that this application warrants a criminal record check/Vulnerable Sector Check. If the results are not satisfactory, I understand that I may be declined a position with this program. I hereby declare that all the above statements are true and correct to the best of my knowledge.

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Volunteer Signature

Print Name

Date

Once approved as a volunteer, you will be asked to read and acknowledge a Position Description, Contract, and a Guidelines and Information package that outline duties, expectations and support.

Please return this completed form in person to the Hope Care Transit office at 425 Wallace Street, Hope, BC, or if you are volunteering in the Boston Bar area, please contact 604-869-1831 for delivery options.

Thank you for completing this application form and for your interest in volunteering with this exciting new initiative funded by the Government of British Columbia and managed by the United Way of the Lower Mainland. Hope/Fraser Canyon Better at Home Program Coordinator will contact you as clients' needs and services are established.

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**Privacy: We will never provide your personal information to any third party without your prior written approval.**

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**Hope/Fraser Canyon Better at Home**

In the Hope area  
**Hope Care Transit Society**  
425 Wallace St. (Fred Green Agency Building)  
P.O. Box 1265, Hope, B.C. V0X 1L0  
Phone: 604-869-3396 Fax: 604-869-3397  
Email: admin@caretransit.org  
Website: www.caretransit.org

In the Boston Bar area  
**Boston Bar/North Bend  
Enhancement Society**  
PO Box 251, Boston Bar, BC, V0K 1C0  
Phone: 604-869-1831  
Email: patriciadavison1@gmail.com  
Website: www.bostonbarbc.net