



# Vancouver Island Men's Trauma Counselling Society

*Serving Men of Vancouver Island who have experienced  
physical, emotional or sexual trauma*

## **VOLUNTEER APPLICATION** *(Please Print Clearly)*

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

Name:                      Last    First    Middle

Mailing Address

Occupation \_\_\_\_\_ Telephone (home) \_\_\_\_\_

E-mail address \_\_\_\_\_ Telephone (work: optional) \_\_\_\_\_

Previous volunteer experience (include organization names and dates):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about MTC? \_\_\_\_\_

\_\_\_\_\_

What hours/days are you available for volunteering?

	Monday	Tuesday	Wednesday	Thursday	Friday
9:00am – 12:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1:00pm – 4:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Why do you want to volunteer with this organization?

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List your special skills, training or interests (fundraising, office support, public education, etc.):

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Are you willing to submit to a Criminal Records Check?  Yes  No

Have you had a recent Criminal Records Check (within 6 months) which you could bring in (original only) for our volunteer file?  Yes  No

References:

_____	_____
Name	Telephone
_____	_____
Name	Telephone
_____	_____
Name	Telephone

Office Use Only  
Comments from phone interviewer:

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Contacted by: \_\_\_\_\_ Date: \_\_\_\_\_

The information on this application is collected to determine eligibility for Men’s Trauma Centre volunteer opportunities and to safely, effectively, and responsibly implement our volunteer program in accordance with the Freedom of Information and Protection of Privacy legislation.