



Trail Association for Community Living

1565-B Bay Avenue, Trail, BC V1R 4B2

Box 131, Trail, BC V1R 4L3

Phone 250-368-3503 Fax 250-368-5559

Email tacl@telus.net

<http://www.taclkootenays.com>

Volunteer/Student Application Form

Name: _____

Address: _____

Ph: _____ Email: _____

Present Occupation: _____

The programs I would like to volunteer in are:

___ Residential

___ Trail Association Activity Centre

___ Children/Youth

___ Community Support

___ Career Development Services

Please answer the following questions as completely as possible:

1. Why do you want to volunteer within our organization?

2. What do you hope to gain personally from this experience?

3. What skills or personal qualities you possess are applicable to the types of supports we provide in our programs?

4. How would you define confidentiality and how does it apply to this field?

5. Have you previously volunteered or applied to volunteer with Trail Association for Community Living, if so when?

6. Any other information you would like to provide at this time?

Please list two non-family references, including one whom you have a professional relationship eg: employer, instructor, physician, minister/priest etc.

Name: _____ Relationship: _____

Contact Info: _____

Name: _____ Relationship: _____

Contact Info: _____

I give permission for representatives from Trail Association for Community Living to contact above references.

Signed: _____

Date: _____