

**KARDEL CONSULTING SERVICES INC.**

*#209 - 2951 Tillicum Road, Victoria, BC V9A 2A6  
Phone: (250) 382-5959 Fax: (250) 383-2835*

**VOLUNTEER APPLICATION**

**PERSONAL INFORMATION**

LAST NAME	FIRST NAME	INITIALS	HOME PHONE NO.	CELLULAR TELEPHONE NO.
				BUSINESS TELEPHONE NO.

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

ASSOCIATION WITH A VOLUNTEER AGENCY? NAME: \_\_\_\_\_

**PERSONAL REFERENCES**

NAME	TELEPHONE NO. (DAY TIME)	RELATIONSHIP	NO. OF YEARS KNOWN

**PREVIOUS VOLUNTEER EXPERIENCE**

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

Do you have health concerns that may impact you as a volunteer or pose a health risk to others?  
Yes \_\_\_\_\_ No \_\_\_\_\_

**Details:**

As required by the Community Care Facilities Act, a Criminal Record Check and a negative Tuberculosis Test must be submitted prior to the commencement of volunteer services. Volunteers are required to inform administration of any criminal charges brought against them while in a volunteer position.

\_\_\_\_\_

Signature

Y	M	D

Date Signed

*Kardel's mission is to help people with developmental disabilities have a good life and  
To respect their personal choices*