



Date	First Name	Middle Initial	Last Name
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Contact Information

Preferred Phone Number	Secondary Phone Number	When is the best time to reach you?
Address		
Address		
City	Postal Code	Email

Please tell us about yourself

Interests / Hobbies / Work Experience / Unique Skills		
Relevant certifications		
<input type="checkbox"/> Food Safe <input type="checkbox"/> First Aid <input type="checkbox"/> WHMIS	<input type="checkbox"/> Other	Languages Spoken

Volunteer work (please check all that may apply)

ACTIVITIES <input type="checkbox"/> Hosting bingo games within the shelters or drop in <input type="checkbox"/> Providing free hair cuts or make up tips <input type="checkbox"/> Assisting staff in activities: pool, card tournaments, outings <input type="checkbox"/> Facilitating art lessons or other activities	SKILL BUILDING <input type="checkbox"/> Teaching people how to use a computer <input type="checkbox"/> Helping write resumes and apply for employment or training <input type="checkbox"/> Involving residents in community kitchens <input type="checkbox"/> Teaching budgeting, nutritional and cooking skills	HOUSEKEEPING <input type="checkbox"/> Helping make beds, disinfect the sleeping and common rooms <input type="checkbox"/> Helping with laundry <input type="checkbox"/> Helping sweep and mop floors everywhere! <input type="checkbox"/> Helping organize supplies KITCHEN HELP <input type="checkbox"/> On-going or seasonal assistance preparing, serving & cleaning up after meals MAINTENANCE <input type="checkbox"/> Janitor Aide <input type="checkbox"/> Handyman Aide	OFFICE HELP <input type="checkbox"/> Database entries <input type="checkbox"/> Updating records <input type="checkbox"/> Correspondence <input type="checkbox"/> Updating information SPECIAL EVENTS or OCCASSIONAL <input type="checkbox"/> Helping at fundraising events or community events including setting up booths <input type="checkbox"/> Fall/spring clean-ups of our buildings <input type="checkbox"/> Painting <input type="checkbox"/> Landscaping <input type="checkbox"/> Christmas events <input type="checkbox"/> Special events <input type="checkbox"/> Setting up cold wet weather shelters (October) <input type="checkbox"/> Taking down cold wet weather shelters (end of March)	CLOTHING ROOM <input type="checkbox"/> Organizing donated clothing <input type="checkbox"/> Distributing clothing and hygiene supplies <input type="checkbox"/> Encouraging people to take advantage of donated items <input type="checkbox"/> Identifying gaps in donations <input type="checkbox"/> Helping fill gaps by calling around OTHER (describe)
Please indicate preferred location <input type="checkbox"/> Downtown Vancouver <input type="checkbox"/> Mount Pleasant, Vancouver	<input type="checkbox"/> North Shore <input type="checkbox"/> New Westminster			



How did you hear about Lookout's volunteer program?

Please indicate your availability

From (start date)		To (if known):		OPTIONAL: My commitment this year will be <input type="checkbox"/> as needed <input type="checkbox"/> 40 hours <input type="checkbox"/> 80 hours <input type="checkbox"/> 190 hours <input type="checkbox"/> 300 hours <input type="checkbox"/> other		
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Time Commitment

Per week	Per month	Special Occasions	Other

Personal

You should be aware of the following health issues	In case of Emergency, please contact	Emergency phone

Agreement

Lookout Emergency Aid Society will not share or sell your personal information.	
By signing this, you agree: <input type="checkbox"/> that you are at least 18 years of age <i>* If less than 18 years of age, must be signed by Parent or Guardian.</i> <input type="checkbox"/> that we may contact you in the regular course of your Volunteer duties <input type="checkbox"/> from time to time we may contact you regarding special Lookout events	You further agree: <input type="checkbox"/> To hold confidential all personal information gained in the course of your shift <input type="checkbox"/> To abide by the Team Lookout Code of Conduct
Signed:	Please print name
Signed: (Parent or Guardian if applicable)	Please print name

Lookout Authorized Signature	Please print name	Date

Please fill out and mail to LOOKOUT, 429 Alexander Street, Vancouver, BC V6A 1C6, or fax to 604-255-0790, Attention: KAREN YOUNG or email kareny@lookoutsociety.ca

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Orientation	Assigned	Start Date	Entered in Volunteer Database
Other			