

1733 Lions Gate Lane North Vancouver B.C. V7P 0C7 Ph: 604-988-7115 X 3001 www.keepwellsociety.ca

VOLUNTEER INFORMATION FORMFOR BOTH NEW AND EXISTING VOLUNTEERS

Last Name:	Reference 2
First Name:	Name:
Known as:	
Mr. Mrs. Ms. Other:	Phone:
Birthdate:	Facally
Address:	Email:
City:	Languages spoken
Postal Code:	Languages spoken
City/ District:	
Home Phone:	Medical certifications if any: (Including Retired or
	Expired)
Cell Phone:	' '
* See Below	Other Work/Volunteer Experience: (Including Past)
What do you do (or want to do) with Keep Well?	
Board of Directors Site Coordinator	
Site Volunteer	
Blood Pressure Volunteer	
Board Committee Volunteer	Are you a Keep Well program participant? Which Site?
Registration Volunteer [
Other	Date Started?
References: (someone who knows you)	
Can be a Keep Well volunteer.	Days Available (Note all Keen Well cossions are
Reference 1	Days Available: (Note all Keep Well sessions are
Name:	presently held in the morning)
	Mon: 🛮 Tues: 🖺 Wed: 🖺 Thurs: 🖺 Fri: 🗍
Phone:	Emergency Contact:
F 11	Name:
Email:	Phone:
	Continued over page.
, ,	posted online in the Public Domain (no names will be given). If
	pordinator and/or remove yourself from group photos when they are
	mail address, you consent to receive emails relating to NS Keep Well ation on this sheet will be kept confidential.
	I above is accurate and current as of this date:
·	
nature:	Date:



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Your Volunteer History with Keep Well Keep Well wants to recognize volunteers' contributions. In addition to honouring our volunteers, we use volunteer statistics in funding applications.

What year did you first start as a volunteer with Keep Well?
What volunteer positions/work have you done in the past with Keep Well? List all the positions in order, with the year and site at which they occurred:

The North Shore Keep Well Society has been serving the community since 1987 and is funded in part by VCH, PARC, District and City of North Vancouver, District of West Vancouver, Community and Private Donations