



BC Crime Prevention Association

120-12414 82nd Avenue Surrey, BC V3W 3E9

Tel: 604-501-9222 • Fax: 604-501-2261 • E-mail: info@bccpa.org • www.bccpa.org

Volunteer Application Form

PERSONAL INFORMATION:

Surname Given Names

Address

City

Postal Code

Date of Birth(yymmdd)

Phone Alt.

Phone Email

Are you willing to undergo a criminal record check?

EDUCATION AND VOLUNTEER EXPERIENCE:

Educational Background:

Skills Related to Volunteer position that you are applying for:

Previous Volunteer Experience:

*Hobbies and
Interests:*

AVAILABILITY:

How many hours per week are you available to volunteer? _____

Which days of the week are you available? _____

What time of day are you available? _____

COMMITMENT:

Will you make a minimum 6 month commitment to this program? Yes _____ No _____

Will you complete all required training? Yes _____ No _____

REFERENCES:

List three (3) professional or academic references that we may contact to obtain information.