



Cowichan Independent Living
Promoting a new perspective on disability

VOLUNTEER APPLICATION

NAME: _____ HOME PHONE: _____

ADDRESS: _____

EMAIL: _____ FAX: _____

PLEASE CHECK YOUR AREAS OF INTEREST:

- | | | | | | |
|------------------------|--------------------------|------------------------|--------------------------|---------------------|--------------------------|
| Newsletter Publication | <input type="checkbox"/> | Medical Loans Cupboard | <input type="checkbox"/> | Advocacy | <input type="checkbox"/> |
| Fundraising Activities | <input type="checkbox"/> | Peer Support | <input type="checkbox"/> | Computer Instructor | <input type="checkbox"/> |
| Income Tax Program | <input type="checkbox"/> | Adaptive Recreation | <input type="checkbox"/> | Reception | <input type="checkbox"/> |
| Marketing & Promotion | <input type="checkbox"/> | Community | <input type="checkbox"/> | | |

DO YOU HAVE ANY PREVIOUS EXPERIENCE OR TRAINING?

WHAT INTERESTS YOU ABOUT COWICHAN INDEPENDENT LIVING?

OFFICE USE ONLY

Criminal Record Check Received? _____

Comments _____

Orientation Given? _____

Signature of Staff/Board Member _____

Confidentiality Statement Signed? _____

Signature of Staff/Board Member _____

Volunteer Agreement Signed? _____

Signature of Staff/Board Member _____