



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"/> | Volunteer Driver Program | <input type="checkbox"/> | Peer Support | <input type="checkbox"/> |
| Computer Instructor | <input type="checkbox"/> | Income Tax Program | <input type="checkbox"/> | I & R | <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	_____