



Family Caregivers
of British Columbia

Let us help

30 YEARS

Family Caregivers of BC

Volunteer Application Form

Date: _____

Name: _____

Address: _____

Postal Code: _____

Phone number: (Home/Work/Cell) _____

Email: _____

Age: 18 & under _____ 19-34 _____ 34-54 _____ 55+ _____

Languages:

_____	Speak	_____	Read	_____	Write	_____
_____	Speak	_____	Read	_____	Write	_____
_____	Speak	_____	Read	_____	Write	_____

Region/community(ies) willing to serve: _____
(i.e. geography, cultural/linguistic, gender identity group)

Availability:

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Delivery:

Virtual In Person Both

Do you require a letter of recognition for your volunteer hours/role(s)?

Yes ___ No ___



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#6 – 3318 Oak Street, Victoria, BC V8X 1R1

Office: 250-384-0408

Toll Free Caregiver Line: 1-877-520-3267

cgsupport@familycaregiversbc.ca | www.familycaregiversbc.ca

Please check the box beside the role(s) you are interested in volunteering in:

- Caregiver Support Group Facilitator (group coordination & leadership)
- Caregiver Outreach Tech Support (direct IT support to caregivers through calls/emails to assist with access to FCBC Zoom platform, i.e, support groups, webinars, online resources)
- Caregiver Ambassador (assist at events, give presentations/webinars)
- Caregiver Engagement (participate in health care working groups/committees & advocacy)
- Communications
- Office Support (administration, program support tasks, etc.)
- Board of Directors (leadership, organization vision)
- Helping out, but not sure which opportunity/role -
- Other: _____

Briefly describe your personal experience or knowledge of family caregiving:

Briefly describe any experience, training, skills and/or interests you are willing to share as a volunteer related to the role(s) you noted above:

Briefly describe your previous related volunteer/work experience(s):

Briefly describe what you enjoyed most about your previous volunteer/work experience(s):

Briefly describe why you want to be a Family Caregivers of BC volunteer:



Briefly describe what skills/interests/goals you wish to develop through volunteering with Family Caregivers of BC:

How did you hear about volunteering with Family Caregivers of BC?

Resume attached (if applicable): Yes ___ No ___

References: Please provide the contact information of two people who can tell us about your previous work or volunteer experience. References may be recent or current employers, recent or current volunteer supervisors, recent or current teachers/instructors, etc.

1. Name: _____
Relationship: _____
Number of months/years this person has known you: _____
Email: _____
Phone: _____

2. Name: _____
Relationship: _____
Number of months/years this person has known you: _____
Email: _____
Phone: _____

I would like to receive the Family of Caregivers monthly Enews and quarterly 'Caregiver Connection' newsletters: Yes ___ No ___ Already on mailing list ___
If yes: by email _____ or mailed in the post _____

Volunteer Applicant Signature

Date of Application



For Volunteer Applicants under 18 years of age:

Signature of Parent/Guardian

Name of Parent/Guardian (printed)

Date of Parent/Guardian Signature

Thank you for your interest in volunteering with Family Caregivers of BC (FCBC).

We are in the process of updating our volunteer opportunities and will get back to you as soon as possible to further discuss opportunities. At FCBC, we strive to create a culture of volunteer engagement, where volunteers participate in meaningful, diverse ways to support family caregivers.

FCBC is committed to protecting your privacy and your personal information. The information you provide in this form (and any attachments) will only be used for the purpose of overseeing a volunteer relationship between FCBC and you. FCBC will not use or disclose this information for any other purpose.

Please return your completed Volunteer Application Form (and any attached documents) to the Family Caregivers of BC team at:

Email: info@familycaregiversbc.ca

Fax: 1-250-361-3267

Mail: #6 – 3318 Oak Street, Victoria, BC, V8X 1R1

