



**Delta View Habilitation Centre  
Delta View Life Enrichment Centre**

**VOLUNTEER APPLICATION FORM**

CONTACT INFORMATION			
NAME:		CONTACT PHONE NUMBER:	
ADDRESS:			
CITY:		PROVINCE:	POSTAL CODE:
BACKGROUND			
CURRENT OCCUPATION:		EMPLOYER:	
PREVIOUS WORK/VOLUNTEER EXPERIENCE:			
HIGHEST LEVEL OF EDUCATION:		GRADE/PROGRAM:	
CONDITION OF HEALTH:			
CRIMINAL RECORD: YES      NO      If yes, please explain:			
VOLUNTEER INFORMATION			
HOW LONG ARE YOU PLANNING TO VOLUNTEER HERE?			
AVAILABILITY: DAYS      EVENINGS      WEEKENDS      WEEKDAYS      FLEXIBLE      OTHER:			
SPECIAL SKILLS AND INTERESTS:			
ACTIVITIES YOU WOULD BE INTERESTED IN PARTICIPATING IN AS A VOLUNTEER:			
ARTS & CRAFTS	BAKING/COOKING	BINGO	BOWLING
BOCCI BALL	OUTINGS	READING	ENTERTAINMENT
EXERCISE	WALKS	GARDENING	BOARD/CARD GAMES
ONE TO ONE	NAIL MANICURES	HAND MASSAGE	PET VISITS
SPECIAL EVENTS	HOUSEHOLD DUTIES	TEA SOCIAL	WOOD WORK
OTHER INFORMATION			
HOW DID YOU HEAR ABOUT US?      AD      BY SCHOOL      OTHER:			
COMMENTS:			

**WE THANK YOU FOR YOUR INTEREST AND SUPPORT.**

Please complete and print the form and submit to the Activity Department, or mail to:

Activity Department  
Delta View Habilitation Centre  
9341 Burns Drive, Delta, B.C.  
V4K 3N3

FORM SUBMITTED: