



CHILD  
ADVOCACY  
CENTRE  
of Kelowna

# VOLUNTEER APPLICATION FORM

Please Email completed form to: [info@cackelowna.com](mailto:info@cackelowna.com)  
or submit to 200-1815 Kirschner Road, Kelowna, BC V1Y 4N7

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Thank you for your interest in volunteering at the Child Advocacy Centre of Kelowna. Our community volunteers play a vital role in supporting our operations and fund-raising efforts in support of vulnerable children. The CAC is always looking for active, community minded individuals looking to make an impact.

## APPLICANT CONTACT INFORMATION

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Name: \_\_\_\_\_  Mr  Mrs  Miss  Ms

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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What motivates you to become a volunteer at the Child Advocacy Centre?

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What special qualifications and/or skills would you bring to a volunteer position?

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Please describe any previous volunteer experience.

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## AVAILABILITY

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How many hours are you looking to volunteer ?

- Less than 5 hours / month       5-10 hours per month
- More than 10 hours per month       Looking only for casual volunteer opportunities
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Due to the very sensitive nature of our work, volunteering at the CAC is complicated. Currently we have opportunities to support some of our administrative functions, community events and fundraising efforts. Please tell us where you see yourself fitting in!

- Fundraising and events       Administrative duties
- Specialized skills (social media, website maintenance, etc.) Please describe.
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## REFERENCES

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Please provide two references that are familiar with your previous volunteer experience:

### 1<sup>ST</sup> REFERENCE

### 2<sup>ND</sup> REFERENCE

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

By submitting this application, I declare that:

- I certify that the information in this application is accurate and true.
- I understand that due to the nature of the CAC I may be required to complete a criminal background check, enhanced security clearance or other similar requirement.

Applicant Name (print): \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

