



Archway
Society
FOR DOMESTIC PEACE

Volunteer Application

Name: _____

Address: _____ Postal Code: _____

Email: _____

Phone (Home): _____ (Cell): _____

Emergency contact name and number _____ relationship _____

Why do you want to volunteer with Archway Society?

Experience, skills and interests that apply to volunteering with the Archway Society :

What are your expectations in regards to volunteering with Archway Society?

Are you applying for a specific position? If yes which one? _____

Availability to Volunteer (check all that apply)

Days Evenings

Days of the week available:

Monday Tuesday Wednesday Thursday Friday

Saturday Sunday

Factors that may limit volunteering (*health, time restraints, transportation*)

How did you hear about the Volunteer Program at the Archway Society?

References: (they may be contacted by email or phone)

Name: _____

Phone/email: _____

Name: _____

Phone/email: _____

Send Application to:

Archway Society for Domestic Peace

Mail: 2400-46 Avenue Vernon BC V1T 9N5

Fax: 250.558.3856

Email: volunteer@archwaysociety.ca

OR:

[CLICK HERE TO OPEN AN EMAIL WITH THE FORM ATTACHED:](#)

For office use only :

Date Accepted : _____

Positions matched to : _____

How do we protect your privacy?

What information do we collect from volunteers?

Name, address, phone numbers and email address.

How do we use this information?

For contact purposes when necessary.

To forward information about the Archway Society, our community events, volunteer opportunities and the Annual General Meeting.

How do we ensure the security of your personal information?

Paper records that are no longer needed are shredded.

We do not share your email address with outside parties.

Electronic records are protected by limited access, passwords and firewalls.

We do not disclose your personal information without your consent.