



# Parent Support Services Society of BC

Creating a world where children and families are valued, nurtured, and safe.

### PROVINCIAL OFFICE

204-5623 Imperial St.  
Burnaby, B.C. V5J 1G1  
604-669-1616 (office)  
604-669-1636 (fax)  
1-877-345-9777 (9PSS)  
E-mail: [office@parentsupportbc.ca](mailto:office@parentsupportbc.ca)

### VICTORIA OFFICE

2541 Empire Street  
Victoria, B.C. V8T 3M3  
250-384-8042 (office)  
250-384-8043 (fax)  
1-877-345-9777 (9PSS)  
E-mail: [parent-support@shaw.ca](mailto:parent-support@shaw.ca)

### CENTRAL ISLAND REGION

P.O. Box 86  
NanOOSE Bay, B.C. V9P 9J9  
250-468-9658 (office)  
250-468-9668 (fax)  
1-877-345-9777 (9PSS)  
E-mail: [parent@telus.net](mailto:parent@telus.net)

### NORTH REGION

Room 516, 1600 – 3<sup>rd</sup> Avenue  
Prince George, B.C. V2L 3G6  
250-561-0607 (office)  
250 562-8102 (fax)  
1-877-345-9777 (9PSS)  
E-mail: [parentnorth@shaw.ca](mailto:parentnorth@shaw.ca)

## VOLUNTEER APPLICATION

DATE: \_\_\_\_\_ VOLUNTEER ROLE APPLIED FOR: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: (H) \_\_\_\_\_ (W): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGES OF YOUR CHILDREN (IF ANY): \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_  
YY MM DD

LANGUAGES SPOKEN: \_\_\_\_\_

**EDUCATION:** Check highest level completed.

- |   |   |
|---|---|
| <input type="checkbox"/> Less than High School Graduate | <input type="checkbox"/> College            |
| <input type="checkbox"/> High School Graduate           | <input type="checkbox"/> University         |
| <input type="checkbox"/> Business School                | <input type="checkbox"/> Trade or Technical |

Other (specify) \_\_\_\_\_

BRIEFLY DESCRIBE ANY COURSES/TRAINING THAT YOU HAVE TAKEN WHICH IS RELEVANT TO VOLUNTEERING WITH PARENT SUPPORT CIRCLES.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OCCUPATION:**  Employed  F/T  P/T  Student  Unemployed  Working at Home Hours per week \_\_\_\_\_

**WORK EXPERIENCE:** Indicate your work experience starting with your most current.

TYPE OF POSITION	LENGTH OF TIME WORKED
1. _____	Years _____
2. _____	Years _____
3. _____	Years _____

**VOLUNTEER EXPERIENCE:** Indicate your volunteer experience starting with your most current.

TYPE OF POSITION	LENGTH OF TIME
1. _____	Years _____
2. _____	Years _____
3. _____	Years _____

BELOW ARE COMMONLY LISTED REASONS WHY PEOPLE WISH TO BECOME VOLUNTEERS. PLEASE RATE EACH CATEGORY ACCORDING TO YOUR OWN PERSONAL REASONS FOR VOLUNTEERING BY ASSIGNING: 1 (VERY IMPORTANT), 2 (IMPORTANT), 3 (NOT VERY IMPORTANT), 4 (LEAST IMPORTANT).

- |   |  |
|---|--|
| 1. <input type="checkbox"/> Career Change       | 7. <input type="checkbox"/> Develop Communication Skills |
| 2. <input type="checkbox"/> Work Experience     | 8. <input type="checkbox"/> Improve Interpersonal Skills |
| 3. <input type="checkbox"/> Community Support   | 9. <input type="checkbox"/> Develop Leadership Skills    |
| 4. <input type="checkbox"/> Help Others         | 10. <input type="checkbox"/> Learn Public Relations      |
| 5. <input type="checkbox"/> Have Time Available | 11. <input type="checkbox"/> Personal Satisfaction       |
| 6. <input type="checkbox"/> Meet People         | 12. Other _____  |

WHAT STRENGTHS, SPECIAL ABILITIES OR KNOWLEDGE DO YOU HAVE THAT YOU FEEL WOULD CONTRIBUTE TO YOUR ROLE AS A PSS VOLUNTEER?

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HOW DO YOU FEEL YOU CAN CONTRIBUTE TO THE PREVENTION OF CHILD ABUSE?

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HOW DO YOU PROVIDE EMOTIONAL/PSYCHOLOGICAL SUPPORT FOR YOURSELF?

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DO YOU REQUIRE REIMBURSEMENT FOR CHILD CARE EXPENSES?  Yes  No

IF YES, HOW MUCH \_\_\_\_\_

**DO YOU HAVE TIME TO PARTICIPATE IN:**

- a. Initial Training (20 hours approx):  Yes  No
- b. Ongoing (Workshops & Seminars):  Yes  No
- c. Monthly Facilitator or steering committee meetings:  Yes  No

Participation in PSS groups requires a time commitment. Although groups meet two hours per week, phone support to group members is required as well as taking care of organizational details for the group. Parent Support Services asks volunteers to contribute a minimum of Five (5) hours per week to the group and its members.

- Are you willing and able to commit to a minimum of five (5) hours per week volunteer service?  Yes  No
- Are you willing to ensure the continuity of a group by making a minimum commitment of one year?  Yes  No

**IT IS A REQUIREMENT THAT ALL PSS STAFF AND VOLUNTEERS HAVE A CRIMINAL RECORD CHECK COMPLETED. FORMS WILL BE PROVIDED FOR YOU AT THE TRAINING SESSIONS AND MUST BE COMPLETED PRIOR TO FACILITATING A GROUP.**

**REFERENCES:** Please provide people as references who know you in a variety of situations  
References should include: (1) an employer (preferably a supervisor), (2) a relative or someone who knows you well, and (3) one from a previous volunteer position (or a Professor, instructor, minister, etc.).

	NAME	ADDRESS	DAY CONTACT PHONE #
REFERENCE #1: (WORK RELATED) Supervisor/employer			
REFERENCE #2: (FRIEND/RELATIVE)			
REFERENCE #3: (OTHER: Volunteer, supervisor, professor, etc.)			

I, \_\_\_\_\_, hereby authorize Parent Support Services Society of BC to contact the references I have provided to assist in determining my suitability for this position.

Dated the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Signature

**If you need more space to answer questions or to make any notes  
please use additional page**

**OFFICE USE ONLY**

Received: \_\_\_\_\_ Acknowledged: \_\_\_\_\_

Interview: \_\_\_\_\_ Comments: \_\_\_\_\_

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Trained: \_\_\_\_\_ Comments on training: \_\_\_\_\_

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Trainer's Comments: \_\_\_\_\_

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Office Comments: \_\_\_\_\_

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References Checked: \_\_\_\_\_ Comments: \_\_\_\_\_

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CRC: \_\_\_\_\_ Date Started: \_\_\_\_\_ Area/Group: \_\_\_\_\_

Evaluation: \_\_\_\_\_ Comments: \_\_\_\_\_

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Notes: \_\_\_\_\_

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