



**The Cridge
Centre for
the Family**

1307 Hillside Avenue, Victoria BC V8T 0A2 Tel (250) 384-8058 Fax (250) 384-5267

Website: www.cridge.org

Serving the community since 1873

The Cridge Centre for the Family collects personal information on this form for reasonable and obvious purposes such as verifying identity, enrolling in a service, to secure contact information and to meet regulatory requirements. This information will never be used for purposes outside of the obvious without your permission.

VOLUNTEER/PRACTICUM STUDENT APPLICATION FORM

Name: _____

Home Phone: _____

Address: _____

Postal Code: _____

Cell Phone: _____ Work Phone: _____

May we phone you at work? _____

E-mail Address: _____

Date of Birth: ____ / ____ / ____

I consent to receive email communication from The Cridge Centre for the Family

(m d y)

Occupation: _____

Work experience relative to Cridge involvement: _____

Interests, hobbies, talents relative to Cridge involvement: _____

Have you ever used the services of The Cridge Centre? If yes, please elaborate: _____

Days / Hours available: _____

References:

Name	Address	Phone	Occupation

You may be required to provide some or all of the following:

I have/will provide a Criminal Record Check _____ (required of everyone)

I have my Foodsafe Certificate _____ (expiry date: _____)

If I am expected to drive a Cridge vehicle or my own vehicle in the course of volunteering or practicum work, I will provide a Drivers Abstract (this is free, just call 250-978-8300).

I have a current First Aid/CPR Certificate _____ (expiry date: _____)

Signed: _____

Date: _____