



# My Offer to Volunteer

with the  
**Summerland Refugee Sponsorship Group**

Please Print

Full Legal Name: \_\_\_\_\_  
first middle last

Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I am over the age of 18. Yes    No

I have indicated below where I believe my interests/skills/abilities will best match your needs:

- |   |                                   |  |
|---|-----------------------------------|--|
| <u>Lodging:</u>   | <u>Transportation</u>             | <u>Settlement</u>                                |
| -housing <input type="checkbox"/>                           | -drivers <input type="checkbox"/> | -healthcare <input type="checkbox"/>             |
| -furnishings <input type="checkbox"/>                       |                                   | -interpreter/translator <input type="checkbox"/> |
| -food/clothing <input type="checkbox"/>                     |                                   | -counselling <input type="checkbox"/>            |
| -utilities <input type="checkbox"/>                         |                                   | -English language                                |
| -handy person <input type="checkbox"/>                      |                                   | tutoring <input type="checkbox"/>                |
| -truck & driver <input type="checkbox"/> (with strong back) |                                   | -children's needs <input type="checkbox"/>       |
|   |                                   | -child minding <input type="checkbox"/>          |

**Drivers**

I understand that all volunteer drivers must have a minimum of \$2 million extended third-party liability insurance coverage and provide a Driver's Abstract.

I have or am able to obtain \$2 million extended third-party liability coverage. Yes    No    N/A

I will provide a Driver's Abstract from ICBC (free-of-charge). Yes    No    N/A

Including the driver, the seating capacity of my vehicle is: \_\_\_\_\_

Availability -    morning             afternoon             evening             weekends

**Criminal Record Check**

I understand that a CRC is required for all volunteers who will be working directly with the family or in their home. I will request a CRC online (free-of-charge - ask for details) Yes    No    N/A

**References**

Following is the contact information for 2 people (non-relatives) who know me well and can provide a reference about me.

Name \_\_\_\_\_

phone \_\_\_\_\_ email \_\_\_\_\_

Name \_\_\_\_\_

phone \_\_\_\_\_ email \_\_\_\_\_

I have particular skills/interests/abilities that I think you should know about? (Please describe):

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I confirm that the information provided on this form is true.  
I promise to be respectful and uphold the dignity of all persons regardless of age, ethnic background, gender, intelligence, physical abilities, religion, sexual orientation, skin colour or socio-economic status.  
If I am charged with or convicted of an offence subsequent to a criminal record check, I promise to promptly report the charge or convictions to the Human Resources Committee Chairperson.

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Signature of person offering to volunteer

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Date

You may mail your completed offer to:  
Summerland RSG  
PO Box 20041  
Summerland, BC V0H 1Z0

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For office use:

CRC received - date: \_\_\_\_\_

\$2 million extended third-party liability insurance coverage - confirmed: \_\_\_\_\_

Driver's Abstract received - date: \_\_\_\_\_

1st reference contacted - date: \_\_\_\_\_

2nd reference contacted - date: \_\_\_\_\_