



# Greater Victoria Animal Pantry Foundation

## Volunteer Form

Return completed forms to:

Mail: PO Box 52048 Beacon Ave RPO, Sidney, BC V8L 5V9

Email: [contact@gvap.org](mailto:contact@gvap.org)

Phone: 778-426-GVAP (4827)

### **Personal Details**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Home #: \_\_\_\_\_ Cell/Work #: \_\_\_\_\_

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

### **Volunteer Details**

Please indicate your area of interest:

- Food Distribution
- Food Drives
- Fundraising
- Outreach
- Administration
- Labour
- Dog Walking

Do you need to complete volunteer hours for a specific program?  Yes  No

How many hours are required? \_\_\_\_\_

Program Name: \_\_\_\_\_

Program Contact: \_\_\_\_\_

### **References:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### **Emergency Contacts:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I certify the above information is true and authorize the Greater Victoria Animal Pantry Foundation to verify my information. I understand that for some positions a criminal record check may also be required.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Parent Signature