***For office*  
Training Date:**Click to enter a date.

**New Volunteer**

**Information Form**

**Thank you for your interest in becoming a volunteer with Comox Valley Senior Support!   
Please complete the following form and send it back to** [**admin@comoxvalleyseniorsupport.ca**](mailto:admin@comoxvalleyseniorsupport.ca)**;   
or drop it off at: C1 - 450 8th St. Courtenay, BC.**

**Name:** Click here to enter first and last name.

**Phone Number:** Enter phone number.

**Preferred name for name tag:** Enter text.

**Email:** Click here to enter email.

**Address:** Click here to enter street, city, prov, postal.

**Birth Year (***optional***):** Enter year.

1. **Please explain your volunteering/work/skills background:**Click here to enter text .
2. **How would you describe yourself?**Click here to enter text .
3. **What are your interests/hobbies (select all that apply and add “other” if applicable):**

Art   
Birds   
Boating  
Card Games  
Cars/Trucks  
Cats  
Cooking  
Crafts  
Crib  
Dogs  
Farming  
Fish  
Fishing  
Fixing things  
Gardening  
Knitting  
Jigsaw puzzles  
Mechanics  
Movies  
Music  
Playing Musical Instrument(s)  
Quilting  
Scrabble  
Sewing  
Singing  
Theatre  
Travelling

Reading

*Genre(s):*   
Click here to enter text.

Other:

Click here to enter text.

1. **In order of preference, which programs/activities interest you the most as a volunteer (indicate your top four in order: 1, 2, 3, 4)**
   1. Choose an item.
   2. Choose an item.
   3. Choose an item.
   4. Choose an item.
2. **Are you interested in the following subject matters?**
3. Isolation & Loneliness Choose level of interest.
4. Stress & Anxiety Choose level of interest.
5. Substance Abuse Choose level of interest.
6. Elder Abuse Choose level of interest.
7. Depression Choose level of interest.
8. Change / Transition Choose level of interest.
9. Grief & Loss Choose level of interest.
10. Family Issues Choose level of interest.
11. Physical Challenges Choose level of interest.
12. Stroke or other illness Choose level of interest.
13. Supporting someone with early dementia or Alzheimer’s Choose level of interest.
14. Other (please specify) Enter text.
15. **If you have indicated a willingness to visit or shop for someone, in which Comox Valley Communities are you willing to do this (select all that apply):**

Courtenay  
Comox  
Cumberland  
Royston

Union Bay   
Fanny Bay   
Merville  
Black Creek

1. **Are you willing to walk with a client?** YES NO
2. **Are you willing to drive a client?** YES NO
3. **Are you willing to visit a client who lives in a care facility?** YES NO
4. **Are you willing to visit a client who smokes?** YES NO
5. **Are you willing to visit a client who has a pet?** YES NO DEPENDS
   1. **If you answered “depends”, please explain:**

Click here to enter text .

1. **Would you prefer to support:**

Male Female People who identify as “other” No preference

1. **Languages other than English spoken:**

Click here to enter text .

1. **What else would you like to tell us about you that may be helpful in offering you meaningful volunteer work with us?**

Click here to enter text .