



**QUEEN ALEXANDRA FOUNDATION FOR CHILDREN  
VOLUNTEER REGISTRATION FORM**

Please return to:  
Sharon Miller  
Queen Alexandra Foundation for Children  
2400 Arbutus Rd. Victoria, B.C. V8N 1V7  
or fax to: (250) 519-6715 Tel: 519-6977

Name (last) \_\_\_\_\_ (first) \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone (day) \_\_\_\_\_ (evening) \_\_\_\_\_ E-mail \_\_\_\_\_

Current Occupation \_\_\_\_\_

Please list previous related experience (Incl. names of organizations and time given)

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Please list personal interests, hobbies, areas of expertise etc.

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Time available for volunteer work:

	am	pm	eve		am	pm	eve
Monday	_____	_____	_____	Friday	_____	_____	_____
Tuesday	_____	_____	_____	Saturday	_____	_____	_____
Wednesday	_____	_____	_____	Sunday	_____	_____	_____
Thursday	_____	_____	_____				

Length of commitment \_\_\_\_\_ Times of year you are unavailable \_\_\_\_\_

**Personal Reference**

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

**Acceptance as a volunteer is at the discretion of the Coordinator of Volunteer Resources.**

**\*\* NOTE:** As the Foundation is a fundraising agency for children, you may be required to consent to a police record check and sign a statement of confidentiality.

**FOR OFFICE USE ONLY**

Assignment 1. _____	2. _____
Day/Hours _____	_____
Start Date _____	_____
Finish Date _____	_____

Police Record Check \_\_\_\_\_ Orientation \_\_\_\_\_ Identification \_\_\_\_\_

Confidentiality \_\_\_\_\_

Follow ups: Date \_\_\_\_\_ Date \_\_\_\_\_

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