

**BC SCHIZOPHRENIA SOCIETY/MIND FOUNDATION  
VOLUNTEER APPLICATION**



**PLEASE SEND COMPLETED FORM TO:**

Nadine Saunders  
201-6011 Westminster Highway  
Richmond, BC V7C 4V4  
Tel: 604.270.7841 Fax: 604.270.9861  
Email: mfbcb@telus.net



**PERSONAL INFORMATION**

**NAME:**

**EMAIL:**

**HOME TEL:**

**WORK TEL:**

**FAX:**

**ADDRESS:**

**OCCUPATION:**

- Homemaker  
 Student  p/t  
 Employed  p/t
- Retired  
 f/t  
 f/t
- Looking for employment?  
Where?  
Position?

**EDUCATION LEVEL**

Check all that apply:  High School Graduate  College Graduate  University Graduate

**AGE**

**VOLUNTEER EXPERIENCE:**

Have you volunteered before Y / N

Where?

Type of work:

**SKILLS:**

Briefly describe your skills (i.e. computer programs, office experience, researching, event planning)

**AVAILABILITY:** (Please indicate times available)

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

