



BC Wheelchair Basketball Society  
 #210 3820 Cessna Dr., Richmond BC  
 Tel: 604-333-3530 Fax: 604-333-3450  
 Email: [info@bcwbs.ca](mailto:info@bcwbs.ca)  
[www.bcwbs.ca](http://www.bcwbs.ca)

**VOLUNTEER APPLICATION FORM**

LEGAL SURNAME			
LEGAL FIRST NAME			
POSITION APPLYING FOR (if applicable)			
ADDRESS			
HOME PHONE		BUS. PHONE	
CELL PHONE		FAX	
EMAIL			
OCCUPATION & EMPLOYER			
EMPLOYMENT EXPERIENCE			
VOLUNTEER EXPERIENCE			
INTERESTS, HOBBIES			
SPECIAL SKILLS, LANGUAGES			
FORMAL CERTIFICATION (e.g. NCCP, First Aid, Class 4 Drivers License)			

How did you hear about this organization? \_\_\_\_\_

Why are you interested in volunteering for BC Wheelchair Basketball? \_\_\_\_\_

\_\_\_\_\_

**VOLUNTEER AREAS OF INTEREST**

- COACHING  TEAM MANAGER  SCOREKEEPING   
 SPECIAL EVENTS  EVENT FOOD/REGISTRATION  FUNDRAISING   
  
 ORGANIZING COMMITTEE  OFFICE SUPPORT  TRANSPORTATION

**Names and telephone numbers of references:**

Employment related: \_\_\_\_\_

Volunteer related: \_\_\_\_\_

Family &/or friend: \_\_\_\_\_

Would you like to receive the BCWBS Newsletter (3x / year) via email?  Yes  No

*Thank you for your interest in supporting BC Wheelchair Basketball.  
 Providing false or misleading information may prevent you from getting this position, or if discovered later,  
 be cause for dismissal or disciplinary action.*