

550 Rowcliffe Ave.
Kelowna, BC V1Y 5Y9
info@karis-society.org
karis-society.org
250.860.9507 (TEL)
250.860.9517 (FAX)



VOLUNTEER APPLICATION

NAME: _____ **DATE:** _____

ADDRESS: _____ **CITY:** _____

PROVINCE: _____ **POSTAL CODE:** _____

PHONE (home): _____ **PHONE (cel):** _____

EMAIL: _____

AVAILABILITY *(check all that apply):*

- MONDAY
- TUESDAY
- WEDNESDAY
- THURSDAY
- FRIDAY
- SATURDAY
- SUNDAY

HOURS *(check all that apply):*

- MORNINGS
- AFTERNOON
- EVENINGS

WORK / VOLUNTEER REFERENCES *(please list a non relative that we may contact):*

NAME (reference 1): _____

PHONE: _____ **EMAIL:** _____

NAME (reference 2): _____

PHONE: _____ **EMAIL:** _____

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VOLUNTEER APPLICATION

WHY KARIS?

What has motivated you to complete an application to volunteer with us?

What volunteer position are you interested in filling?

List any skills or abilities you feel you could bring to a volunteer position with Karis.

Share any past achievements, volunteer/staff positions, or other experiences which are relevant to the position or home in which you would like to volunteer?

Thank you for your interest in volunteering with Karis Support Society. Once this application form is complete please contact the Volunteer Coordinator for the next steps in the application process and to set up a personal interview.

EMAIL: volunteer@karis-society.org

PHONE: 250.860.9507