**VOLUNTEER APPLICATION
BC Public Relations Committee**

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|  |  |
| --- | --- |
| **Date of application:** |       |
| **Position applying for:** |  |

**General Information**

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
| **Telephone:** Day: |       | Evening: |       | Other: |       |

**When is the best time to contact you?** Day [ ]  Evening [ ]  Anytime [ ]

|  |  |
| --- | --- |
| **Email Address** |  |

**Are you currently or have you ever been a member of Girl Guides of Canada?**Yes: [ ]  No: [ ]

**If YES, Please provide ONE of the following**

|  |  |  |  |
| --- | --- | --- | --- |
| **iMIS #:** |  |  |  |
| **OR** Indicate your current or last position and location**:** | Position:  |       | Council: |       |
|  | Province: |       | Years: |       |

**If NO, what interests you about Girl Guides of Canada?**

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|       |

**What interests you about the position you are applying for?**

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|       |

**What is your vision for this position?**

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**Experience, Skills and Training (Note You may also attach a resume if you wish)**

What key strengths, abilities and skills will you bring to this position?

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**VOLUNTEER APPLICATION
BC Program Committee**

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**Experience (Please list relevant Work/Volunteer experience history)**

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| --- | --- | --- | --- | --- |
| **Dates** | **Employer/Volunteer Opportunity** | **Paid/Volunteer** | **Key Responsibilities** | **Location** |
|       |       |       |       |       |
|       |       |       |       |       |
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|       |       |       |       |       |

**Skills**

|  |  |
| --- | --- |
| **Skill** | **Where/how gained** |
|       |       |
|       |       |
|       |       |

**Education/Training (Please list relevant training and education)**

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**References:** Provide three references that can speak to your skills and abilities as they relate to this position. If possible one should be a Guiding reference. At least one reference should be from outside Guiding.

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| Name: |       | Relationship: |       |
| Phone: |        | Best time to contact: |       |
|  |  |  |  |
| Name: |       | Relationship: |       |
| Phone: |        | Best time to contact: |       |
|  |  |  |  |
| Name: |       | Relationship: |       |
| Phone: |        | Best time to contact: |       |

**If you are not selected for this position would you be willing to be contacted about other volunteer opportunities within Guiding?** Yes [ ]  No [ ]

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| --- |
| **Please email your completed form to** publicrelations@bc-girlguides.org  |