



**Volunteer Application Form**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_  
Email: \_\_\_\_\_

General Health: \_\_\_\_\_

Medical conditions the Recope staff should be aware of:

Diabetes \_\_\_\_\_ Blood Pressure Concerns \_\_\_\_\_ History of Seizures \_\_\_\_\_

Heart disease \_\_\_\_\_ Back or Joint Problems \_\_\_\_\_

Other \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

Reason for volunteering \_\_\_\_\_

\_\_\_\_\_  
Training requests \_\_\_\_\_

\_\_\_\_\_  
Any questions or concerns \_\_\_\_\_

I understand that all information I may learn regarding Recope clients is strictly confidential and not to be discussed outside of the Recope program.

Signature \_\_\_\_\_ Date: \_\_\_\_\_



Dear Volunteer:

All volunteers must apply for a criminal record check. As a volunteer there is no charge for this check.

Log onto the site below. Enter access code, character identification field, then request a new criminal record check. Results will be emailed to me as the Recope Program Manager. You will need to show me the two pieces of identification you use for the check.

Online Link: <https://justice.gov.bc.ca/eCRC/>

Access Code: MCLYDXAQ4F

If you have any difficulty with this process please ask me for assistance. Thank you for volunteering.

Jean Munro - Occupational Therapist  
Recope Program Manager