



VOLUNTEER INFORMATION

"providing fun social connections, valued experiences & leadership development"

NOTICE TO VOLUNTEER: You must be a *CURRENT* Member to volunteer with the Vancouver Lifeguard Association (VLA). If not, please complete and submit a Membership Application along with this form.

VOLUNTEER INFORMATION

First Name	Last Name	Member ID
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EMERGENCY CONTACT INFORMATION

In the event of an emergency when you are volunteering with the VLA, please list **two emergency contacts persons** whom VLA Staff or Volunteer may reach.

(1) First Name	Last Name	Relationship to Volunteer
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Contact Phone Number	Contact Phone Number
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(2) First Name	Last Name	Relationship to Volunteer
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Contact Phone Number	Contact Phone Number
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MEDICAL CONDITIONS & INFORMATION

List any medical or behavioural concerns VLA Staff or Volunteers should be aware of. Please include allergies, life threatening conditions, disabilities, or if extra assistance is required. As per the VLA Privacy Policy, this information is confidential and is destroyed every calendar year.



VOLUNTEER INFORMATION

CERTIFICATION & LICENSE INFORMATION

Fill in your current certifications to volunteer with the VLA. Photocopies of your awards documents must be attached or scan and emailed to volunteers@vancouverlifeguards.com. Please note some event volunteer positions require a certain level of certification. For more information about this please visit www.vancouverlifeguards.com/volunteer.

National Lifeguard Pool Option	Date Issued (yyyy/dd/mm)	Expiry Date (yyyy/dd/mm)	Lifesaving Society ID
National Lifeguard Waterfront Option	Date Issued (yyyy/dd/mm)	Expiry Date (yyyy/dd/mm)	Lifesaving Society ID
Standard First Aid & CPR 'C' with AED	Date Issued (yyyy/dd/mm)	Expiry Date (yyyy/dd/mm)	Lifesaving Society ID
OTHER:	Date Issued (yyyy/dd/mm)	Expiry Date (yyyy/dd/mm)	Cert/Licence Number
OTHER:	Date Issued (yyyy/dd/mm)	Expiry Date (yyyy/dd/mm)	Cert/Licence Number

I would like to volunteer with the Vancouver Lifeguard Association (VLA), and have filled out this application completely and accurately. I understand the policies & procedures that are applicable to volunteering with the VLA. I have attached photocopies of my current certifications listed above or emailed them to volunteers@vancouverlifeguards.com. Please submit form to:

Vancouver Lifeguard Association
 #10 – 4575 Clancy Loranger Way, Vancouver BC V5Y 2M4
volunteers@vancouverlifeguards.com

Printed Applicant Name: _____

Applicant Signature: _____

Date: ___/___/___

OFFICE USE	<input type="checkbox"/> ACCEPTED (verified)	<input type="checkbox"/> DECLINED (incomplete)
FORM RECIVED DATE: _____		
MEMBER #: _____	FILED BY: _____	