



# FREEMASONS' CANCER CAR PROGRAM



## VOLUNTEER APPLICATION FORM

**PRIVACY:** The Most Worshipful Grand Lodge of Ancient Free and Accepted Masons of British Columbia and Yukon (Grand Lodge) is committed to protecting the privacy of personal information in our possession or under our control in accordance with the Personal Information Protection Act (PIPA). PIPA regulates the way we collect, use, keep, secure and disclose personal information. The personal information collected on this form will be used by the volunteer resources team to identify an appropriate volunteer placement and to provide you with appropriate support and recognition. This information will be stored in a locked cabinet and if you become a volunteer it will be entered into our secure electronic database to track your volunteer activities. The Grand Lodge values the trust of our donors, volunteers, clients, participants and staff. We recognize that maintaining this trust requires accountability and transparency in handling personal information. For further information call 604-736-8941.

First Name:	Last Name:	
Home Tel:	Cell:	Texting? Yes / No
Email:	Address:	
Occupation:	Employer:	
<u>REFERENCE 1</u> Name:	<u>REFERENCE 2</u> Name:	
Relationship:	Relationship:	
Tel:	Tel:	
<u>EMERGENCY CONTACT</u> Name:	Tel:	<u>BC DRIVERS LICENCE #:</u> <u>EXP. DATE:</u>

I authorize the FCCP Management to obtain references from the individuals listed above.  Yes

Please circle preferred shifts(s): **Mon** - am / pm    **Tue** - am / pm    **Wed** - am / pm    **Thu** - am / pm    **Fri** - am / pm

**\*DRIVERS ABSTRACT ATTACHED**  Yes

\*Abstracts available at: [www.icbc.com/driver-licensing/getting-licensed/Pages/Your-driving-record.aspx](http://www.icbc.com/driver-licensing/getting-licensed/Pages/Your-driving-record.aspx)

**CCS/FCCP VOLUNTEER AGREEMENT SIGNED SHEET ATTACHED**  Yes

I hereby apply to become a Volunteer Driver for the Freemasons' Cancer Car Program. I understand that the Freemasons' Cancer Car Program works in support of the Canadian Cancer Society. If accepted, I agree to participate in initial and ongoing training and to comply with all program requirements and guidelines.

**By signing and submitting this Volunteer Application, I acknowledge the information I provided on this form is true and accurate.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR INTERNAL OFFICE USE ONLY**

	Date	Initial		Date	Initial
Interviewer			Approved by		
Volunteer Agreement Signed			Start Date		
Driver Abstract			Finish Date		
Reference checks			Reason for leaving		

**Volunteer Number** \_\_\_\_\_