



Archdiocese of Vancouver Archives

4885 Saint John Paul II Way

Vancouver, BC

Canada V5Z 0G3

VOLUNTEER FORM

Date: _____

Mr., Mrs., Miss, Ms. _____
First Name Surname

Address _____

City _____ Postal Code _____ Telephone _____

<p>Days and times you can volunteer:</p> <p>Length of commitment (please note minimum commitment is 3 months):</p>

Please make sure you attach your letter of intent and one reference letter to this form.

The Archives Office collects and protects the personal information on this form pursuant to the Personal Information Protection Act. The information will be used only for the purpose of determining the suitability of a candidate as a volunteer for the Archives Office. If the candidate is chosen to volunteer for the Archives, the information will be retained for the duration of the time they volunteer and destroyed 5 years after the last day the volunteer assisted in the archives. For those not chosen to volunteer files will be kept on hand for 2 years and then confidentially destroyed.

Please sign off indicating that the information provided on this form is accurate and that you have read the above privacy statement.

Name (printed): _____

Signature: _____