

B.C. Eating Disorders Association (BCEDA)

526 Michigan Street Victoria, BC V8V 1S2

250-383-2755(tel.)

250-383-5518(fax)

bceda@direct.ca (email)

For office use only:

Read/Reviewed by: _____ Date: _____

Action Taken: _____

Volunteer Application

Name:	Phone Number:	Age (optional):
Address:	City:	Postal Code:
Email:	Emergency Contact:	Contact's Phone Number:

1. How did you hear about BCEDA?

2. Why would you like to volunteer at BCEDA?

3. Please list any education, volunteer and/or work experience that might be relevant to disordered eating/eating disorders and/or volunteering with BCEDA:

4. Please list any education, training, volunteer and/or work experience with women's issues:

5. Please describe the skills and/or personal qualities you possess that you think would be applicable to volunteer work with BCEDA.

6. Please describe a situation where your communication skills were put to the test and how you handled it.

7. How do you deal with individuals who have different values from yours?

8. Describe any issues, views or types of people/behaviours that you might have trouble being objective about:

9. Please describe a situation where you helped someone:

10. Please describe a situation where you needed help. Explain what it was like for you and what you feel you learned from this situation. How might this experience affect your volunteering at BCEDA?

11. Please complete: "People who struggle with disordered eating/eating disorders are . . ."

12. Have you or has anyone close to you struggled with disordered eating/an eating disorder? Please describe:

13. What are you currently doing? (Work, other volunteering, school, etc.)

14. If applicable would you provide us with the following information:

Present Employer: _____ Occupation/Position: _____

For how long? _____ Future career plans/goals? _____

15. Is there anything else you would like us to know about you?

16. How much time would you be able to commit to volunteer work at BCEDA per month?

17. Please check off the areas in which you have skills and/or interest:

- Fundraising and Community Events
- Poster/pamphlet distribution (as needed)
- School Outreach Program
- Office hours
- Computer help (inputting data, web page help – from office or from home)
- Newsletter (writing/editing/ideas)
- Library/resources
- Support Group
- Board of Directors

18. Please list three non-family references (including one employer).

Name: _____ Phone Number: _____

Relationship: _____ Length of Time Known: _____

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Relationship: _____ Length of Time Known: _____

Thank you!