



THE UNIVERSITY OF BRITISH COLUMBIA

School of Social Work
Vancouver Campus

Jack Bell Building
2080 West Mall
Vancouver, BC Canada V6T 1Z2

Phone 604 822 2255
Fax 604 822 8656
www.socialwork.ubc.ca

Volunteer History – Supplement II

Applicant's Name:

Student Number:

Please list below your volunteer history that focused on social service or health related activities and had direct contact with vulnerable or disadvantaged members of society.

Use the most recent volunteering experience first. Attach additional pages if needed.

Volunteer Experience:

Employer / Organization 1		Location / Address			
Immediate Supervisor and Contact Info		From / To (Duration)			
Name:		Month	Year	Month	Year
Email:					
Phone number:					
Volunteer duties		Relevant training provided			
Where did you hear about this organization?		What appealed to you working there?			
What goals did you have for this volunteer experience?					
Total number of hours worked at this position (as of January 15):					



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Employer / Organization 2		Location / Address			
Immediate Supervisor and Contact Info		From / To (Duration)			
Name:		Month	Year	Month	Year
Email:					
Phone number:					
Volunteer duties		Relevant training provided			
Where did you hear about this organization?		What appealed to you working there?			
What goals did you have for this volunteer experience?					
Total number of hours worked at this position (as of January 15):					



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Employer / Organization 3		Location / Address			
Immediate Supervisor and Contact Info		From / To (Duration)			
Name:		Month	Year	Month	Year
Email:					
Phone number:					
Volunteer duties		Relevant training provided			
Where did you hear about this organization?		What appealed to you working there?			
What goals did you have for this volunteer experience?					
Total number of hours worked at this position (as of January 15):					