Ministry of Social Development and Poverty Reduction

BRITISH COLUMBIA

New Agency
Community Volunteer Supplement (CVS)

SR Number:

The personal information requested on this form is collected and used by the Ministry of Social Development and Poverty Reduction pursuant to sections 26(C) and 32(b) of the *Freedom of Information and Protection of Privacy Act* for the purpose of administrating the *Employment and Assistance Act* and *Employment and Assistance for Persons with Disabilities Act*. If you have any questions about the collection or use of this information, please contact the Ministry of Social Development and Poverty Reduction at 1-866-866-0800.

Client's Surname	First Name	Initial	Date of Birth (YYYY MMM DD)

The Ministry may provide a community volunteer supplement of up to $100 for each calendar month for clothing transportation or other expenses that are needed by the eligible person to participate in a community volunteer program. Ten hours per month is a recommended minimum, but a lower number may be allowed in exceptional cases due to factors such as illness, medical appointments, capacity of client to participate, etc.

Description of Volunteer Participation

Name of the agency you will volunteer with?
How many days per week will you volunteer?
How many hours per month will you volunteer?
When will you start to volunteer with this agency? (YYYY MMM DD)

Notice: You must notify the ministry immediately if you cease to volunteer with the agency named above.

Confirmation and Notification

I confirm that the information I have provided about my volunteer participation is true and correct. I understand that I am to notify the Ministry immediately if I cease to volunteer with the volunteer agency named in this form. I also understand that the Ministry may verify and obtain information from the volunteer agency I have named in order to confirm my continued eligibility for this supplement.

Client Signature	Date (YYYY MMM DD)

Confirmation of Participation by Volunteer Agency

I confirm that _____ is participating as a volunteer with our agency and the information provided is correct.

Name of Agency			
Agency Contact Name			Telephone
Address	City	Postal Code	Agency Facsimilie
Agency Signature			Date (YYYY MMM DD)

Ministry Contact (If known)	Telephone	Ministry Facsimilie
	1-866-866-0800	1-855-771-8768
Clients Ministry Office Address	Date (YYYY MMM DD)	

Ministry of Social Development and Poverty Reduction

Community Volunteer Supplement (CVS) Eligibility Review

SR Number:

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Period of Eligibility Being Reviewed (YYYY MMM DD)

TO:	FROM:

Client's Surname	First Name	Initial	Date of Birth (YYYY MMM DD)

Name of Volunteer Agency:

Is this person still volunteering with the agency? ☐ Yes ☐ No End Date

Ten hours per month is a recommended minimum, but a lower number may be allowed in exceptional cases due to factors such as illness, medical appointments, capacity of client to participate, etc.

Indicate the month and the number of hours volunteered as requested below.

☐ JAN	☐ FEB	☐ MAR	☐ APR	☐ MAY	☐ JUN	☐ JUL	☐ AUG	☐ SEP	☐ OCT	☐ NOV	☐ DEC
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Confirmation of Participation by Volunteer Agency

I confirm that _____ is participating as a volunteer with our agency and the information provided is correct.

Name of Agency			
Agency Contact Name			Telephone
Address	City	Postal Code	Agency Facsimilie
Agency Signature			Date (YYYY MMM DD)

Ministry Contact (If known)	Telephone 1-866-866-0800	Ministry Facsimilie 1-855-771-8768
Clients Ministry Office Address	Date (YYYY MMM DD)	

Please send the completed form back to the ministry by facsimile or mail to the office address indicated above.