

Aaron Webster Co-op Application

PLEASE RETURN TO:

MEMBERSHIP COMMITTEE / #108 – 1885 EAST PENDER ST. / VANCOUVER, B.C. V5L 1W6

The information contained in this application is completely confidential and will be used only for purposes of selecting new Aaron Webster Co-op Members.

PLEASE TELL US ABOUT YOU:

	APPLICANT A	APPLICANT B
NAME		
HOME / WORK PHONE NUMBERS	/	/
DATE OF BIRTH		
CURRENT ADDRESS		
CITY & POSTAL CODE		
E-MAIL ADDRESS		

HOW DID YOU HEAR ABOUT AARON WEBSTER CO-OP? _____
(If newspaper ad, which newspaper?)

WHO WILL BE LIVING WITH YOU (NOT INCLUDING APPLICANTS A AND B)?

FIRST AND LAST NAMES	DATE OF BIRTH	RELATIONSHIP

HOW MANY BEDROOMS DO YOU NEED? _____ 1 _____ 2 _____ 3
(We encourage families, two or more people living together, to apply for the 2 and 3 bedroom units.)

DO YOU HAVE PETS? _____ **HOW MANY?** _____ **WHAT KIND(S)?** _____

DO YOU NEED A PARKING SPACE? _____ *(All vehicles must have valid insurance.)*

DO YOU HAVE ANY SPECIAL NEEDS? *(Disabilities, allergies, phobias, etc.)*

PLEASE DESCRIBE YOUR VOLUNTEER EXPERIENCE AND COMMUNITY PARTICIPATION INCLUDING ORGANIZATIONS, ROLES, TASKS AND GOALS:

- PLEASE LIST TWO REFERENCES FOR EACH APPLICANT WHOM WE MAY CONTACT. AT LEAST ONE MUST BE SOMEONE THE APPLICANT HAS WORKED WITH IN HER / HIS VOLUNTEER EXPERIENCE. LIST ADDITIONAL REFERENCES ON A SEPARATE SHEET.**

	APPLICANT A	APPLICANT B
1. FIRST AND LAST NAME		
HOME PHONE		
WORK PHONE		
2. FIRST AND LAST NAME		
HOME PHONE		
WORK PHONE		

- BRIEFLY LIST THE SKILLS WHICH YOU COULD CONTRIBUTE TO AARON WEBSTER COOP (E.G., MAINTENANCE, ORGANIZATIONAL, BOARD MEMBER, HOBBIES):**

APPLICANT A	APPLICANT B

- PLEASE EXPLAIN WHY YOU WOULD BE A SUITABLE MEMBER AND HOW YOU COULD CONTRIBUTE TO THE COMMUNITY LIFE OF AARON WEBSTER CO-OP:**

YOUR PRESENT LIVING ARRANGEMENTS:

	APPLICANT A	APPLICANT B
NAME OF PRESENT LANDOWNER		
ADDRESS		
PHONE NUMBER		
RESIDENT FROM (DATE)		
TO (DATE)		

If less than 2 years at the address listed above, where did you live before?

NAME OF PREVIOUS LANDOWNER		
ADDRESS		
PHONE NUMBER		
RESIDENT FROM (DATE)		
TO (DATE)		

MAY WE CONTACT YOUR CURRENT / PREVIOUS LANDOWNER (S)? YES ___ NO ___

YOUR CURRENT RENT? \$ _____ per _____ INCLUDES UTILITIES? YES ___ NO ___

EMPLOYMENT:

	APPLICANT A	APPLICANT B
OCCUPATION / TITLE <u>or</u> TRADE / POSITION		
FROM (DATE) TO (DATE)		
EMPLOYER'S NAME		
ADDRESS		
PHONE NUMBER		

ADDITIONAL SOURCES OF INCOME:

APPLICANT A	APPLICANT B

ANNUAL INCOME BEFORE TAX:

APPLICANT A	APPLICANT B
\$	\$

Applicants are required to bring income verification (pay stubs or other) to any interview.

ARE YOU ABLE TO PROVIDE INCOME VERIFICATION? YES _____ NO _____

PLEASE READ AND SIGN BELOW:

I CONFIRM THAT ALL THE INFORMATION CONTAINED IN THIS APPLICATION IS ACCURATE. I HEREBY AUTHORIZE THE MEMBERS OF AARON WEBSTER CO-OP TO OBTAIN SUCH CREDIT REPORTS, REFERENCES FROM LANDOWNER (S), CONFIRMATION OF EMPLOYMENT AND OTHER INFORMATION FROM SOURCES NAMED ABOVE AS MAY BE DEEMED NECESSARY IN CONNECTION WITH THE ESTABLISHMENT AND MAINTENANCE OF MY SOCIETY MEMBERSHIP ACCOUNT. THIS CONSENT IS GIVEN PURSUANT TO SECTION 12 OF THE PERSONAL INFORMATION REPORTING ACT, S.B.C., 1973.

§ Note: Following an interview your permission may be asked to perform a Credit Report. Your SIN will be required for this.

Signature of Applicant A

Signature of Applicant B

Signed in _____, _____ on _____
(City) (Province) (Month) (Day) (Year)



APPLICATIONS MORE THAN ONE (1) YEAR OLD WILL BE DISCARDED UNLESS WE HEAR FROM YOU. PLEASE INFORM US, IN WRITING, IF YOU DO OR DO NOT WISH TO REMAIN ON OUR WAITING LIST, AND OF ANY CHANGES TO THE INFORMATION IN THIS APPLICATION.

OFFICE USE ONLY

Date application received: _____

Date of interview: _____

Results of interview: _____

RECORD OF CALLS MADE TO APPLICANT (S):

DATE	YOUR NAME	REASON FOR CALL	APPLICANT COMMENTS	YOUR COMMENTS