



North Shore  
Neighbourhood  
House



## VOLUNTEER APPLICATION

DATE \_\_\_\_\_

NAME \_\_\_\_\_ MALE  FEMALE

ADDRESS \_\_\_\_\_  
*STREET CITY POSTAL CODE*

PHONE (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

OCCUPATION \_\_\_\_\_ FULL TIME  PART TIME

PRESENT OR PREVIOUS VOLUNTEER EXPERIENCE:

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TYPE OF VOLUNTEER WORK THAT INTERESTS YOU AT OUR CENTRES:

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DO YOU PREFER TO WORK WITH:

PRESCHOOLERS  CHILDREN  TEENS  ADULTS  SENIORS

CERTIFICATIONS:

FIRST AID  FIRST AID WITH CPR  FOOD SAFE  SERVE IT RIGHT  CLASS 4 DRIVERS LICENCE

LANGUAGE(S) SPOKEN \_\_\_\_\_ WRITTEN \_\_\_\_\_

PLEASE INDICATE WHEN YOU ARE AVAILABLE TO VOLUNTEER:

MON. AM \_\_\_\_\_ TUE. AM \_\_\_\_\_ WED. AM \_\_\_\_\_ TH. AM \_\_\_\_\_ FRI. AM \_\_\_\_\_  
PM \_\_\_\_\_ PM \_\_\_\_\_ PM \_\_\_\_\_ PM \_\_\_\_\_ PM \_\_\_\_\_

SAT. AM \_\_\_\_\_ SUN. AM \_\_\_\_\_  
PM \_\_\_\_\_ PM \_\_\_\_\_

HOW OFTEN WOULD YOU LIKE TO VOLUNTEER (i.e. Once a week/More/Occasionally):

\_\_\_\_\_

Do you need hours for school/post secondary program requirements? \_\_\_\_\_

If yes, how many and for what program? \_\_\_\_\_

All of our programs require a Criminal Record Check. Do you agree to this? \_\_\_\_\_

**NAME OF (3) REFERENCES OTHER THAN FAMILY**

Name \_\_\_\_\_ Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ e-mail \_\_\_\_\_

**EMERGENCY CONTACT:**

Name \_\_\_\_\_ Relationship to You \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

**ALLERGIES OR MEDICAL CONDITIONS:** \_\_\_\_\_

\_\_\_\_\_

*Please return to:*

*Kelly Hardman, Volunteer Services Coordinator*

*North Shore Neighbourhood House or,*

*225 East 2<sup>nd</sup> Street,*

*North Vancouver, BC, V7L1C4*

*604-987-8138*

*khardman@jbcc.ca*

*John Braithwaite Community Centre*

*145 West 1<sup>st</sup> Street,*

*North Vancouver, BC, V7M 3N8*

*604-982-8314*

*khardman@jbcc.ca*