



Date: _____

Volunteer Registration Form

First Name _____ Last Name _____

Home Address _____

City _____ Province _____

Postal Code _____ Email _____

Telephone (Home) _____ (Cell) _____

Gender: Male Female Other _____ Age: under 19 years ___ 19-49 years ___ 50-65 years ___ 65+ ___

Country of Origin: _____ First Language: _____

How long have you been in Canada? Less than 1 year 1-3 years 3-5 years 5-10 years More than 10

How long have you lived in Vancouver? _____ In Little Mountain/Riley Park area? _____

Education: Grade 6-11 Grade 12 College University Other

Status: Citizen Immigrant Refugee Other: _____

Languages (Spoken & Written): _____

Work/Volunteer Experience: _____

Why do you want to volunteer? _____

Interests/Hobbies/Special Skills: _____

- | | | |
|---|---|--|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Events Coordination | <input type="checkbox"/> Income Tax Clinic |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Cooking | <input type="checkbox"/> Arts & Crafts |
| <input type="checkbox"/> Reception | <input type="checkbox"/> Teaching | <input type="checkbox"/> Singing |
| <input type="checkbox"/> Translation/Interpretation | <input type="checkbox"/> ESL/English | <input type="checkbox"/> Dancing |
| <input type="checkbox"/> Child Minding | <input type="checkbox"/> Children | <input type="checkbox"/> Musical Instrument Playing |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Children/Youth Literacy | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Food Security |
| <input type="checkbox"/> Ages 6-12 | <input type="checkbox"/> Facilitation (Meetings, Workshops) | <input type="checkbox"/> Community Organizing/ Involvement |
| <input type="checkbox"/> Ages 13-10 | | |

Please explain further any skills you have: _____

Group(s) of people you would prefer to volunteer with (check area of interest):

- Preschool/Children Seniors Adults Teens
 Parenting Families Newcomers/Immigrants/Refugees

Others (specify): _____

Availability

Days: Monday Tuesday Wednesday Thursday Friday Weekends

Time: _____

EMERGENCY CONTACT

First Name _____ Last Name _____

Telephone _____ Relationship _____

CHILDREN

Do you have any children? Yes No

How many? Names? Ages? _____

Do you have childcare for your children when you are doing volunteer work? Yes No

OTHER INFORMATION

Are you an LMNH member? Yes No

References

Name: _____

Address: _____

Telephone/Email: _____

Relationship to you: _____

Name: _____

Address: _____

Telephone/Email: _____

Relationship to you: _____

I give my permission to contact the above references in regard to my application to volunteer.

Signature: _____

Date: _____

For Little Mountain staff use:

Skills to Give

(things they would like to do and would willingly offer to do as a volunteer)

Areas to Avoid

(things they don't want to do as a volunteer, even though they may have the skills or ability)

Personal Growth Area

(things they would like to learn—we can discuss how we might help them enhance these skill(s))

Interviewed By: _____

Accepted Pending Refused

Date: _____