



Volunteer Registration Form

Date: _____

First Name: _____ Last Name: _____

Home Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____ Phone: _____ Cell: _____

Gender: Male Female Other: _____ Age: Under 19 years 19-49 years 50-65 Years 65+ years

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 10+ years

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

Education: Grade 6-11 Grade 12 College University Other: _____

Status: Citizen Permanent Resident Refugee Other: _____

Languages (Spoken and Written): _____

Work/Volunteer Experience:

Why do you want to volunteer with us?

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 and 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"/> Child/Youth Literacy | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Food Security |
| <input type="checkbox"/> Ages 6 - 12 | <input type="checkbox"/> Facilitation | <input type="checkbox"/> Community Organization |
| <input type="checkbox"/> Ages 13 - 17 | (Meetings, Workshops) | and Involvement |

Please explain any further skills you would like to mention:

Group(s) of people you would prefer to volunteer with (check and areas of interest)

- Preschool/Children Seniors Adults Teens
 Parenting Families Newcomers/Immigrants/Refugees
 Others (specify): _____

AVAILABILITY

Days: Monday Tuesday Wednesday Thursday
Times: _____ - _____
Friday Saturday Sunday
_____ - _____

EMERGENCY CONTACT

First Name: _____ Last Name: _____
Telephone: _____ Relationship: _____

CHILDREN

Do you have any children? [] Yes [] No
How many? _____ Names and Ages? _____
Do you have childcare for your children when you are doing volunteer work? [] Yes [] No

OTHER INFORMATION

Are you an LMNHS 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 Areas (Things they would like to learn - we can discuss how we might help them enhance these skill(s)).
Interviewed by: _____ Date: _____
[] Accepted [] Pending [] Refused