



Mount Pleasant Neighbourhood House

800 East Broadway • Vancouver • BC • Canada • V5T 1Y1

MPNH T• 604.879.8208 F• 604.879.4136 E• info@mpnh.org

VOLUNTEER APPLICATION FORM

Registration Date: _____

Name: _____
Last Name First Name

Male

Female

Address:

Apt/ House No. Street City Province Postal Code

Home Phone #: _____ Work Phone # _____

Email Address: _____

Emergency Contacts:

1. Name _____ Phone Number _____
2. Name _____ Phone Number _____

Do you have a valid driver's license? _____ If yes, what class? _____

How did you hear about Mount Pleasant Neighbourhood House volunteer program?

Languages (Spoken/Written): _____

What area of work are you interested?

- Kitchen
- Reception
- Child Care program[†]
- Adult Care
- Computer Access Assistant
- Special Events*
- Community Development Assistant (BWIN/LPF)
- Other

[†]Please choose ✓ which age group you prefer: **Drop-in** (1-5yrs) _____ **Pre-teen** (8-12 yrs) _____

***Special Events**: Multicultural dinners, Coffee House, Christmas Festivities, Harvest Festival, Fund Raisers, Coffee House on every 3rd Friday of the month.

Availability: (Please check/ or write on the days and times you are available)

Time /Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM						
PM						
Evening						



Education:

Present/Previous Volunteer Experience: Please provide Resume and cover letter where appropriate.

Organization From To Area/Type of Volunteer

Work Experience:

Company/Organization From To Position

Interests/Skills/Special Trainings:

Goals and expectations of your volunteering experience at MPNH:

Please check one or more of the reasons that apply to you.

- Job experience
- Professional networking and social connections
- Training or re-training
- Give you something to do
- Want to contribute and give back to the community
- Other: _____

References (other than relatives):

1. Name _____ Phone Number _____
2. Name _____ Phone Number _____

For Office USE Only:

Date interviewed _____ Staff Initial _____

Criminal Record Check: Date form completed _____

Amount Received: _____ Receipt No: _____ Staff Initial: _____

Date Faxed to Victoria: _____ Date of Result returned: _____

Date of refund application fees: _____

Date of references check _____ Staff initial _____

Date started _____ Program: _____

Date started _____ Program: _____

Date stopped _____

