



Mount Pleasant Neighbourhood House

800 East Broadway Vancouver, BC, Canada V5T 1Y1

T• 604-879-8208 F• 604-879-4136 E• volunteering@mpnh.org I• www.mpnh.org

Volunteer Application Form

Name: _____ Birthday: _____
Last Name First Name Month Day

Address: _____
Apt./House Number Street City Province Postal Code

Home/Cell Phone: _____ Work Phone: _____

E-mail: _____ Communication Preference: Phone Email Other _____

Emergency Contacts

1. Name: _____ Phone Number: _____

2. Name: _____ Phone Number: _____

How did you find out about volunteering at Mount Pleasant Neighbourhood House?

- Agency Friend/Family Newspaper Settlement Worker
 Employment Center Information Display TV/Radio Other: _____
 Employer Internet Volunteer Center

Why do you want to volunteer with Mount Pleasant Neighbourhood House?

- To gain volunteer experience To help others or give back
 To gain work-related experience To get involved with the community
 To gain skills or learn new things Belief in MPNH's mission/purpose
 To meet other people To improve fluency in English
 Other (please specify): _____

Which department(s) are you interested in volunteering with?

- Aboriginal Administration Child Care Community Board Community Development
 Employment Families Fundraising Committee Kitchen Maintenance Seniors
 Settlement Special Events Work Development Youth Other: _____

Would you like to participate in our FREE employment program? Yes No

Is there a specific position or program you are applying for? Yes No

If yes, please specify the position or program: _____

Do you have a valid BC driver's license? Yes No

If yes, what type of BC driver's license do you have? Class 4 Class 5 Other: _____

Do you speak any languages other than English? Yes No

If yes, which one(s)? _____

Availability

Please check the days of the week and times of day you are available, and provide any comments on availability in the boxes below.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning (8AM-12PM)							
Afternoon (12PM-4PM)							
Evening (4PM-8:PM)							
Comments							

Please comment on your education and/or work experience.

Do you have any previous volunteer experience? If yes, please describe.

Please list any hobbies, skills, or interests that may contribute to your volunteer role.

References

1. Name: _____ Phone Number/E-mail: _____

2. Name: _____ Phone Number/E-mail: _____

It is the policy of this organization to provide equal opportunities without regard to race, colour, religion, national origin, gender, sexual preference, age, or disability. Thank you for completing this application form and for your interest in volunteering with us.



FOR STAFF USE ONLY: Criminal Record Check Clearance

Date Sent: _____ Reference Number: _____

Sent: On-site Off-site Sent by: _____

Method Used: Fax E-mail Other _____

Date Received: _____



Community Partner

of the Lower Mainland

Revised August 2016