



# Mount Pleasant Neighbourhood House

800 East Broadway Vancouver BC Canada V5T 1Y1

T• 604.879.8208 F• 604.879.4136 E• info@mpnh.org I• www.mpnh.org

## Volunteer Application Form

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Birthday: \_\_\_\_\_  
Last Name First Name Month/Day/Year

Gender: \_\_\_\_\_ Pronouns (optional): \_\_\_\_\_

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?

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Agency            | <input type="checkbox"/> Friend/Family       | <input type="checkbox"/> Newspaper        | <input type="checkbox"/> Settlement Worker |
| <input type="checkbox"/> Employment Center | <input type="checkbox"/> Information Display | <input type="checkbox"/> TV/Radio         | <input type="checkbox"/> Other: _____      |
| <input type="checkbox"/> Employer          | <input type="checkbox"/> Internet            | <input type="checkbox"/> Volunteer Center |  |

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

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

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

- |                                     |   |  |  |  |                                  |
|-------------------------------------|---|--|--|--|----------------------------------|
| <input type="checkbox"/> Aboriginal | <input type="checkbox"/> Administration | <input type="checkbox"/> Child Care            | <input type="checkbox"/> Community Board | <input type="checkbox"/> Community Development |                                  |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Families       | <input type="checkbox"/> Fundraising Committee | <input type="checkbox"/> Kitchen         | <input type="checkbox"/> Maintenance           | <input type="checkbox"/> Seniors |
| <input type="checkbox"/> Settlement | <input type="checkbox"/> Special Events | <input type="checkbox"/> Work Development      | <input type="checkbox"/> Youth           | <input type="checkbox"/> Other: _____          |                                  |

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



# Mount Pleasant Neighbourhood House

800 East Broadway Vancouver BC Canada V5T 1Y1

T• 604.879.8208 F• 604.879.4136 E• info@mpnh.org I• www.mpnh.org

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
<b>Morning</b> (8AM-12PM)							
<b>Afternoon</b> (12PM-4PM)							
<b>Evening</b> (4PM-8:PM)							
<b>Comments</b>							

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: \_\_\_\_\_