



# Mount Pleasant Neighbourhood House

800 East Broadway Vancouver BC Canada V5T 1Y1

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## Volunteer Application Form

Date: \_\_\_\_\_ Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
Last Name First Name

Gender: \_\_\_\_\_ Pronouns: \_\_\_\_\_

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

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Communication Preference:  Phone  Email  Other \_\_\_\_\_

### Emergency Contact

1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please agree to the following:

- you have no COVID-19 type symptoms
- you have not tested positive for COVID-19 in the past 10 days
- you have not had a close contact to a positive COVID case in the past 10 days
- you have not traveled out of the country in the past 5 days

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): _____      |   |

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

If yes, please specify the position or program: \_\_\_\_\_

Please share the following:

1. Work experience

2. Volunteer experience

3. Hobbies/Skills

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

Do you speak any languages other than English? Yes No

If yes, which one(s)?

Are you a Canadian Citizen? Yes No

Do you consent to a Criminal Record Check? Yes No

Describe your weekly availability

Please sign below to state that I \_\_\_\_\_ agree the above information I have provided is truthful to the best of my knowledge.

Sign \_\_\_\_\_ Date \_\_\_\_\_

**References:**

1. Name: \_\_\_\_\_ Phone Number/E-mail: \_\_\_\_\_

Relationship \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone Number/E-mail: \_\_\_\_\_

Relationship \_\_\_\_\_

*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*



Connecting Neighbours since 1976

[www.mpnh.org](http://www.mpnh.org)



*Revised January 2022*