



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: _____ 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: _____

I will not come to an in-person volunteering shift if I am feeling ill Yes No

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



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