



**PARKGATE**  
COMMUNITY SERVICES SOCIETY

## VOLUNTEER APPLICATION

Thank you for your interest in volunteering and taking the time to complete this application. The Volunteer Coordinator will contact you for an interview when volunteer opportunities arise. Feel free to attach a résumé.

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Mr./Mrs./Ms. First Name Last Name

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Address City Postal Code

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Home Phone Business Phone Cell Phone

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Email

**What is the best number to contact you at?**

Home  Business  Cell Phone

**Are you currently employed?**

Yes, if so  Full Time or  Part Time / Where: \_\_\_\_\_  No

Does your employer have a Volunteer Recognition Program:  Yes  No  I don't know

**Are you currently attending school?**

Yes, if so  High School  Post Secondary  Where: \_\_\_\_\_

No or  Other \_\_\_\_\_

**Age Group:**

Under 18  18-34  35-44  45-64  65-85  85+

Date of Birth: (M/D/Y) \_\_\_/\_\_\_/\_\_\_ (Optional)

**Please check appropriate area(s) you would like to volunteer in:**

- |   |   |
|---|---|
| <input type="checkbox"/> On-Call for Special Events         | <input type="checkbox"/> Seniors Services'            |
| <input type="checkbox"/> Board Member                       | <input type="checkbox"/> Seniors Lunch Cook (Mon/Wed) |
| <input type="checkbox"/> Family and Child Care Programs     | <input type="checkbox"/> Weight Room Assistant        |
| <input type="checkbox"/> Sports Programs – Children         | <input type="checkbox"/> Youth/Preteen Services'      |
| <input type="checkbox"/> Art and Pottery Programs- Children | <input type="checkbox"/> Other _____                  |

**How long are you prepared to commit to volunteering?**

On call  1 month  3 months  6 months  1 year  more than 1 year

**Please indicate (mark boxes with ✓) when you are available to volunteer:**

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
<b>Morning</b>							
<b>Afternoon</b>							
<b>Evening</b>							

**Where did you hear about our volunteer opportunities?**

Website  Brochure  School  Volunteer Vancouver  Word of Mouth  Other \_\_\_\_\_

**Please tell us why you have chosen to volunteer with Parkgate:**

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**Do you have experience as a volunteer? If yes, please tell us about those experiences:**

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**What language(s) do you speak fluently?** \_\_\_\_\_

**What are some of your interests and hobbies?** \_\_\_\_\_

**What skills would you like to develop?** \_\_\_\_\_

**What skills can you contribute to Parkgate?** \_\_\_\_\_

**Please provide us with references: (Education, Work, or Volunteer Related Only)**

1. Name: \_\_\_\_\_ Position/Relation: \_\_\_\_\_

Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Position/Relation: \_\_\_\_\_

Phone: \_\_\_\_\_

**Emergency Contact:**

Name	Relationship	Home Phone	Cell Phone
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**PLEASE NOTE: Volunteers working with children, youth, seniors and persons who are vulnerable must consent to and pass a criminal record search prior to starting their volunteer experience.**

**I hereby certify that the information given by me in this application is true and complete to the best of my knowledge. I also agree to abide by Parkgate Community Services Society's policies while volunteering.**

**I acknowledge that an incomplete application may not be processed.**

Signature of Applicant

Parent/Guardian Signature for  
Applicant Under 18 Years of Age

Date Signed

Please return the completed application in person or by mail to:  
Parkgate Community Services Society 3625 Banff Crt, North Vancouver, BC, V7H-2Z8  
Or by fax at 604 983 6357