

Access Services Department

Vancouver Board of Parks and Recreation

access.services@vancouver.ca



VOLUNTEER APPLICATION

Adaptive Programs: Aquatics Ice Skating Day Camps

APPLICANT INFORMATION

| | | | |
|---|----------------|------------------|--------------------------|
| Last Name | First | M . I | Date of Birth MM/DD/YYYY |
| Street Address | | Apartment/Unit # | |
| City | Province | Postal Code | |
| Phone | E-mail Address | | |
| Emergency Contact | Phone | Relationship | |
| Age 15-18yrs <input type="checkbox"/> 19-30yrs <input type="checkbox"/> 31+yrs <input type="checkbox"/> | | | |
| *Please be aware that a police record check is required of all applicants 16yrs and older* | | | |
| Have you volunteered with Access before? YES <input type="checkbox"/> NO <input type="checkbox"/> When? | | | |
| In what capacity? | | | |

GENERAL INFORMATION

| |
|---|
| What type of volunteer work are you looking for? |
| Do you have experience supporting people with disabilities? Explain experiences |
| Are there any health problems or restrictions that may affect your volunteer work? |
| What do you hope to get out of volunteering with Access Services? |
| Certificates CPR'C <input type="checkbox"/> First Aid <input type="checkbox"/> Food Safe <input type="checkbox"/> High Five <input type="checkbox"/> NLS <input type="checkbox"/> WSI <input type="checkbox"/> |
| Hobbies: |

AVAILABILITY

When are you able to start volunteering?

Which week? (if applicable)

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-----------|--------|---------|-----------|----------|--------|----------|--------|
| Morning | | | | | | | |
| Afternoon | | | | | | | |
| Evening | | | | | | | |
| All Day | | | | | | | |

What time commitment are you able to make?

Less than 6 wks 6 wks-3 mths 3-6 mths 6+mths

*Please note that Access Services host one day and weekend special events - With this exception most programs, request volunteers to volunteer the length of the program. IE. Summer Daycamps are one week therefore volunteers need to be available for the whole week.

REFERENCES

Minimum of two references (not family members)

| | | |
|------|--------------|-------|
| Name | Relationship | Phone |
| Name | Relationship | Phone |
| Name | Relationship | Phone |

Signature of applicant: _____

Date: _____

Please email the completed form to:

Access Services - access.services@vancouver.ca