Mount Pleasant Community Centre
Youth Volunteer Application Form

Office Use: ☐ *Data entered* ☐ *Orientation Completed* *Orientation Date:* _____

☐ *Police Record Check (PRC) Required* ☐ *PRC Completed:* _____

A. PERSONAL INFORMATION (PLEASE PRINT CLEARLY)

Youth Full Name:	Email Address:	
Address:	City:	Postal Code:
Birthdate* (DD/MM/YYYY):	Cell Phone:	Age:
School:	Grade:	Graduation Year:

B. EMERGENCY CONTACT INFORMATION

1	Full Name of Contact:			
	Phone:		Relationship:	
2	Full Name of Contact:			
	Phone:		Relationship:	
Allergies / Medical Concerns:				

C. AVAILABILITY & INTERESTS

	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning					
Afternoon					
Evening					

How often are you available to volunteer?

☐ Daily ☐ Twice a Week ☐ Once a week
☐ Monthly ☐ Occasionally ☐ Special Events

D. EXPERIENCE, SKILLS, INTERESTS AND HOBBIES

Why do you want to volunteer at the Mount Pleasant Community Centre? And, what types of skills are you hoping to gain from volunteering?
Outline any previous work or volunteer experience:
Outline any special skills/interests/hobbies or training(s):
Do you have any special qualifications? ☐ First Aid ☐ Food Safe ☐ Other: _____

Please be advised that, to be eligible for positions of trust, individuals aged 16 years and older will be required to undergo a Police Record Check as part of the volunteer application process. We kindly request that you seek consent from your parent and/or guardian and notify them of this requirement. If you are under age 16, please notify a parent or guardian that you intend to engage in volunteer activities in the Mount Pleasant Community Centre.

☐ I understand the information above

Signature of Volunteer Applicant: _____ Date: _____

Please return application to Mount Pleasant Community Centre office
Community Youth Worker Contact Information:
Email: *Josephine.yao@vancouver.ca* | Phone #: (604) 257-3069
Cell #: 604-861-7047 (can receive text)
1 Kingsway, Vancouver, BC V5T 3H7