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| C:\Users\Thunderbird\Desktop\Renfrew Park Logo.jpg**Renfrew Park Community Centre 604-257-8388 ext. 1**2929 East 22nd Avenue, Vancouver, British Columbia V5M 2Y3Jointly operated by Renfrew Park Community Association and the Vancouver Board of Parks and Recreation**VOLUNTEER APPLICATION FORM (March 2017 – February 2018)** **Today’s Date**:       |
| 1. **PERSONAL INFORMATION (PLEASE PRINT CLEARLY)**
 |
| Full Name:       | Gender:       | Birthdate\* (DD/MM/YYYY):       |
| Address:       | City:       | Postal Code:       |
| Email Address:       | Home Phone:       | Cell Phone:       |
| **\*All volunteers over the age of 16 must complete a Police Record Check.** |
| 1. **EMERGENCY CONTACT INFORMATION**
 |
| 1 | Full Name of Contact:       |
| Phone:       | Phone:       | Relationship:       |
| 2 | Full Name of Contact:       |
| Phone:       | Phone:       | Relationship:       |
| 1. **AVAILABILITY & INTERESTES**
 |
| **When are you available** **(e.g. 3-9pm)?**[ ] Monday      [ ] Tuesday      [ ] Wednesday      [ ] Thursday      [ ] Friday      [ ] Saturday      [ ] Sunday       | **Age group you want to work with:**[ ] Preschool (0-6 yrs.) [ ] Children (6-13 yrs.)[ ] Youth (13-19 yrs.)[ ] Adults (19-55 yrs.)[ ] Seniors (55+ yrs.)[ ] All Ages (Birthday parties/Special Events)**Program Interest:**[ ] Sports [ ] Educational Classes[ ] Leadership[ ] Arts & Crafts[ ] Cooking/Baking[ ] Music & Singing[ ] Dance | **Commitment:**[ ] Half Day/ Full Day (Special Events)[ ] Short Term (1 month or less)[ ] Seasonal  (weekly, 3-4 months)[ ] Ongoing/Regular (weekly, 4+ months) | **Language(s) Spoken:**1.      [ ] Speak [ ] Write2.     [ ] Speak [ ]  Write3.      [ ] Speak [ ]  Write |
| 1. **ADDITIONAL INFORMATION: SKILLS, INTERESTS AND HOBBIES**
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| Have you ever been involved with RPCC as a volunteer? [ ] **Yes**, for       years [ ]  **No** |
|  List your past work and/or volunteer experiences (if any):      | Education and training (eg. First Aid, NCCP, etc.):      |
| List your Interests/Hobbies:       | Do you have any health concerns you would like us to be aware of:       |
| 1. **REFERENCES - *Please provide us with two references (not family members)***
 |
| 1 | Full Name of Contact:       | Phone:       |
| Email Address:       | Relationship to you:       |
| 2 | Full Name of Contact:       | Phone:  |
| Email Address:       | Relationship to you:       |

Please return application to **Renfrew Park Community Centre office** OR via **email (****renfrew.volunteers@vancouver.ca****).**