



**Enriching Our Communities Through Volunteerism
Volunteer Maple Ridge – Pitt Meadows**

Date of Application: _____
mm/dd/yy

Personal Information

Name: _____ Date of Birth _____
mm/dd/yy

Are you under 19 years of age Yes No

Daytime Telephone Number _____ Email _____

Address _____
City Province Postal Code

Current Occupation: _____

Emergency Contact Name: _____ Phone Number: _____

How did you find out about Volunteer Maple Ridge – Pitt Meadows?

- Friend Current Volunteer Local Newspaper From material displayed in my community
 Other

Please check (X) services you are interested in. Health Care Administration
 Social Services Sports & Recreation

More specifically, please check(X) program areas you are interested in.

- | | | |
|---|--|---|
| <input type="checkbox"/> Reception | <input type="checkbox"/> Community Outreach | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Library | <input type="checkbox"/> Youth Services | <input type="checkbox"/> Cleaning/Repairs |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Computer | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Committee Work | <input type="checkbox"/> Senior Services |
| <input type="checkbox"/> Volunteer Driver | <input type="checkbox"/> Tutoring | <input type="checkbox"/> Clerical |
| <input type="checkbox"/> Research | <input type="checkbox"/> Presentation/Displays | <input type="checkbox"/> Other _____ |

Availability

- Short term basis (up to six months)
 Occasionally (as needed and available)
 A one time event, example: Canada Day, Christmas Parade
 Long Term Basis (longer than six months)

I am interested in volunteering. (Please check day and/or evenings according to your usual availability)

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evenings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many hours per week/month would you like to volunteer? _____ / Week _____/Month

Languages other than English spoken _____ written _____

Please tell us about any special interests you would bring to volunteering (ex. Food Safe certificate, first aid training, current memberships, cashier training etc.)

Please tell us about any previous volunteer opportunities you have undertaken.

What do you personally hope to achieve by volunteering?

Yes, I authorize volunteer Maple Ridge/Pitt Meadows to check the following references. (Please list two people as references. One can be a personal reference.)

Name _____ Day time telephone _____ Relationship _____

Employer _____ Email: _____

Name _____ Day time telephone _____ Relationship _____

Employer _____ Email: _____

Thank you for your interest in seeking out a volunteer opportunity to enhance your community. Your application is welcome and you will be contacted to discuss current opportunities

Please return your completed form in one of three ways:

By Mail: Volunteer Maple Ridge – Pitt Meadows 11907 – 228 th Street, Maple Ridge, BC V2X 8G8	Fax: 604.463.2988	Email: lfreitas@comservice.bc.ca <input type="checkbox"/>
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