

Volunteer Application Form

Contact Information:

Date: _____

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ E-mail: _____

Age: 18 & under 19-34 35-54 55+ Gender: _____

Emergency Contact: _____ Phone: _____

Languages:

_____ Read Write Speak

_____ Read Write Speak

_____ Read Write Speak

Availability:

Please select time of day:

Morning Afternoon Evening

Please select day(s) of the week:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Do you require a letter of recognition for your volunteer hours? Yes No

Volunteer Skills & History

Please describe any special training or skills that you would be willing to share as a volunteer:

Do you have a previous experience with or a connection to Parkinson's disease? Yes No

If yes, please describe: _____

Why do you want to be a Parkinson's volunteer?

How did you hear about volunteering at Parkinson Society BC? _____

Please describe any previous volunteer experience (include organization and responsibilities):

What did you enjoy most about your previous volunteer experience?

Employment History (Optional):

Employer	Position	Period (Years)

Volunteer Positions Available:

Please select one or more positions.

Parkinson's Ambassador / Advocate

Support Group Facilitator

If so, please name community: _____

Step By Step Walk Leader

Parkinson SuperWalk Lead Organizer / Committee Member

If so, please name community: _____

Parkinson SuperWalk General Volunteer

Conferences / Meetings (month/time/location varies)

Set Up/Take Down

Greeter

Registration

Signature of Applicant

Date

Parkinson Society British Columbia (PSBC) is committed to protecting your privacy and your personal information. The personal information you provide will only be used for the purpose of establishing, managing and/or terminating a volunteer relationship between PSBC and you, and we will not use or disclose this information for any other purpose.

Please return the completed form to Mirela Prime, by email mprime@parkinson.bc.ca or by fax 604-687-1327 or mail to:

Attention: Mirela Prime
Parkinson Society British Columbia
600–890 West Pender St
Vancouver, BC V6C 1J9