

## 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:

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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?

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How did you hear about volunteering at Parkinson Society BC? \_\_\_\_\_

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

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What did you enjoy most about your previous volunteer experience?

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### 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

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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 [info@parkinson.bc.ca](mailto:info@parkinson.bc.ca) or by fax 604-687-1327 or mail to:

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