



FALSE CREEK COMMUNITY CENTRE

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YOUTH VOLUNTEER APPLICATION FORM

(Please write clearly)

Name: _____ Age: _____ Date of Birth: _____
 Address: _____ School: _____
 Phone: _____ (home) _____ (cell)
 Email Address: _____

NOTE: A Criminal Record Check is required of you are 16 yrs. old or older. Please request a form from Janice.kwan@vancouver.ca

What type of volunteer experience are you interested in? (Check all that apply)

Special Events: _____ Decorating & Info Board: _____ Friday Night Live: _____
 Youth Programs: _____ Summer Waterpark: _____ Sports Programs: _____

What days and times are you available to volunteer? (Please write the times below the days)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Certifications or training: (e.g.: first aid)

Name: _____ Expiry: _____
 Name: _____ Expiry: _____
 Name: _____ Expiry: _____

Prior Work/Volunteer Experience: (organization name, when and how long)

Name: _____ Year: _____ Duration: _____
 Name: _____ Year: _____ Duration: _____
 Name: _____ Year: _____ Duration: _____

Recreation Skills: (list recreation activities you participate - sports, hobbies, interests, etc.)

What skills would you like to learn while volunteering?

Emergency Information:

Contact Name: _____ Phone Number: _____
 Doctor's Name: _____ Phone Number: _____