



Volunteer Application—2021

1200 Cartier Ave., Coquitlam BC V3K 2C3

(p) 604.933.6166 (f) 604.933.6168

www.placemaillardville.ca/career-volunteer/volunteer

Community Centre
Centre Communautaire



- All volunteers must be a minimum age of 13 years old.
- If you are 16 years old or older, you must complete a Police Information Check.
- If you are under the age of 18, a guardian must sign on your behalf.

First Name: _____ Last Name: _____

Date of Birth (mm/dd/yyyy): _____ Age: _____ Gender: _____

Address: _____ City: _____ Postal Code: _____

Contact Number: _____ Alternative Number: _____

Email Address: _____

Emergency Contact Information (Please do not use a parent if you are a minor):

Name: _____ Relation: _____ Phone #: _____

This section is to be completed if you are under the age of 18:

Guardian Name: _____ Phone #: _____

Guardian Name: _____ Phone #: _____

Tells us about yourself

Do you have any volunteering experience? _____

Do you speak any other language(s) besides English? _____

Do you have any areas of expertise, special skills, or hobbies? _____

Please check off which of the following you have:

First Aid Serving it Right Food Safe High-Five Other _____

When are you available to volunteer (times, days of the week, programs, etc.): _____

List Medical or Behavioural Concerns

CONDITION	Y	N	DETAILS
ADHD/ADD	<input type="checkbox"/>	<input type="checkbox"/>	_____
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Puffer Yes _____ No _____
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Peanuts	<input type="checkbox"/>	<input type="checkbox"/>	EPI PEN Yes _____ No _____
• Food	<input type="checkbox"/>	<input type="checkbox"/>	EPI PEN Yes _____ No _____
• Other	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diet Restrictions	<input type="checkbox"/>	<input type="checkbox"/>	_____

References

1. Name: _____
 Number: _____
 Relation: _____

2. Name: _____
 Number: _____
 Relation: _____

Photo Release Consent:

The majority of the programs that we offer are at little to no cost to our participants. To help us promote our programs and receive continued funding from our sponsors we require photos of our programs in action. These photos may be used in our year end reports, as well as on our website and promotional material. Names will not appear on the photos.

- I give permission for Place Maillardville to use my/my child’s photo to promote future programs and events.
- I DO NOT GIVE PERMISSION for Place Maillardville Community Centre to use any of my/my child’s photos.

Signature _____

Date _____

** IF YOU ARE UNDER THE AGE OF 18, A GUARIDAN MUST SIGN ON YOUR BEHALF*

I/my child agree(s) to follow all reasonable instructions and directions of the programs instructor(s) in connection with the operation of Place Mailardville Community Centre. I release, remise and forever discharge Place Maillardville Staff, program instructor(s) and partners of Place Maillardville Community Centre of and from all manner of actions, claims and demands of whatever nature which result from any accidental injury, loss of expense sustained, arising out of or in any way connected with participation in any Place Maillardville Community Centre program or event. In the event that I/my child am/is injured, ill or in need of medical attention and an emergency contact is unable to be contacted, I authorize Place Maillardville Community Centre staff and program instructor(s) to seek medical attention on my/my child’s behalf.

Signature _____

Date _____

** IF YOU ARE UNDER THE AGE OF 18, A GUARIDAN MUST SIGN ON YOUR BEHALF*

For office use only:

- PIC Documents Out Entered in Activenet
 PIC Documents Returned Filed

Notes: