



Community Centre  
Centre Communautaire

# Volunteer Application—2022

1200 Cartier Ave., Coquitlam BC V3K 2C3

(p) 604.933.6166 (f) 604.933.6168

[www.placemaillardville.ca/career-volunteer/volunteer](http://www.placemaillardville.ca/career-volunteer/volunteer)



- 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 GUARDIAN 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 Maillardville Community Centre. I release, remise and forever discharge Société Place Maillardville Society 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 GUARDIAN MUST SIGN ON YOUR BEHALF*

**For office use only:**

- PIC Documents Out       Entered in Activenet  
 PIC Documents Returned       Filed

**Notes:**