



Mount Pearl Community Services Department
VOLUNTEER SERVICES APPLICATION

PERSONAL INFORMATION

Name: Last First Middle Date:
Gender: Male Female Birth date: DD MM YY
Address: Street City/Town Postal Code
Telephone: (H) (W) (C)
Email Address:
MCP Number:

Health Restrictions/Illness/Medication, etc:

Drivers License Number & Expiration Date (if applicable):
Class (es): 5 4 Other
Do you have access to a vehicle: Full Time Part Time No

Emergency Contact:
Name: Relationship:
Address:
Telephone: (H) (W) (Cell)

SKILLS AND INTERESTS

Qualifications:
First Aid Expiry Date
C.P.R. Expiry Date
Bronze Medallion Date Awarded
Bronze Cross Date Awarded
NLS Date Awarded
Customer Service Training
Other

National Coaching Certification Program (N.C.C.P.)
Theory Level I Date Completed
Theory Level II Date Completed
Technical Course (Sport(s) Specific)

Recreation/Sport Activities and Skills:
Please indicate if you have any skills or experience in the following areas. Please attach copies of certificates where applicable.
Cooperative Games Puppetry Art/Crafts
Water Safety Archery Canoeing
Rifle Shooting Swimming Referee
Soccer Orienteering Softball/Baseball
Wilderness Techniques Drama Music Please Turn over

Please list and describe any other recreation/sport activities and skills not mentioned above:

VOLUNTEER EXPERIENCE

- | | |
|--|--|
| <input type="checkbox"/> Department of Community Services | <input type="checkbox"/> Student Council |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Church/Parish |
| <input type="checkbox"/> Brownies/Girl Guides/Boy Scouts, etc. | <input type="checkbox"/> Pre-School |
| <input type="checkbox"/> Community Organization | <input type="checkbox"/> Sport Group |

Other (Describe Here) _____

Please check areas of which you would be interested in volunteering with:

- | | | |
|--|--|--|
| <input type="checkbox"/> Mount Pearl Frosty Festival | <input type="checkbox"/> Special Events | <input type="checkbox"/> 50+/Older Adult Activities |
| <input type="checkbox"/> Children's Activities | <input type="checkbox"/> Teen Activities | <input type="checkbox"/> Assisting Special Needs Individuals |

PERSONAL REFERENCES

NAME	OCCUPATION	TELEPHONE

If there are other items that you feel are pertinent to the position for which you are applying, please use the space below to indicate:

Signature of Volunteer Candidate _____ Date: _____

FOR OFFICE USE ONLY

Interview Yes No Date _____ Time _____

Acceptable Yes No Position _____

Approved By: _____ Date: _____