



Volunteer Application Form

CONTACT INFORMATION

Application Date: _____ First Name: _____ Last Name: _____

Address: _____ City: _____ Postal Code: _____

Phone #: _____ Email: _____

MOTIVATION AND INTERESTS

Why would you like to volunteer at Parkinson Wellness Projects?: _____

SKILLS, EDUCATION, EXPERIENCE

Are you a student? Yes No School: _____ Year/Grade: _____

Faculty/Major: _____

Occupation: _____ Any previous volunteer experience? Yes No

If yes, where did you volunteer and what was your role?: _____

Do you have experience with people with Parkinson's? If yes, please explain: _____

Languages spoken: _____ Languages written/read: _____

Relevant Certifications Obtained: Basic First Aid Expiry Date: _____

CPR Level C Expiry Date: _____ Other: _____

AVAILABILITY

Please mark the day/time slots that work best for you.

Morning (Before noon): Mon Tues Wed Thurs Fri

Afternoon (12–4:30pm): Mon Tues Wed Thurs Fri

COMMENTS: _____

ADDITIONAL INFORMATION

Do you have any conditions that would affect your volunteer assignment (e.g. Physical limitations, allergies, etc.)? If so, please describe the condition: _____

COMMENTS: _____

REFERENCES

Please list the names and contact information for at least 2 people, preferably not family or friends, who can provide a character reference for you (Note – these individuals will be contacted)

1 Name: _____ Job title (if applicable) : _____

Organization (if applicable): _____

How do you know them?: _____

How long have they known you?: _____

Main Phone #: _____ Alt #: _____ Email: _____

2 Name: _____ Job title (if applicable) : _____

Organization (if applicable): _____

How do you know them?: _____

How long have they known you?: _____

Main Phone #: _____ Alt #: _____ Email: _____

EMERGENCY CONTACT AND CONSENT

Name: _____ Relationship: _____

Phone #: _____

CONSENT TO A CRIMINAL RECORDS CHECK

This is a requirement to volunteer at PWP

Yes No

"I hereby certify that the information contained in this application is true to the best of my knowledge. I understand that Parkinson Wellness Projects requires a certain fit for their volunteers and so volunteer positions are conditional on a trial basis."

Signature: _____ Date: _____

EMAIL OR DROP OFF YOUR APPLICATION:

Parkinson Wellness Projects
Attn: Bailey Martin
bailey@parkinsonwellness.ca
202-2680 Blanshard St
Victoria, BC
V8T 5E1