



Volunteer Program Application Form

NAME: _____ DATE : _____

ADDRESS: _____ PHONE:(H) _____ (W) _____

CITY: _____ PROV. _____ POSTAL CODE: _____

E-MAIL: _____

Volunteer Activity Areas: Please note that **we are currently recruiting for administration volunteers only.**

Administration _____

School Programs _____

Marketing _____

Public Programs _____

Special Events _____

Archives _____

Education: (including special interest courses) _____

Hobbies & Interests: _____

Skills: _____

Current Employment/ Volunteer Work: _____

Previous Employment/ Volunteer Work: _____

Languages: _____

Why are you interested in volunteering at the Vancouver Maritime Museum?

Are you seeking employment? YES ___ NO ___ Employed? YES ___ NO ___ F/T ___ P/T ___

Do you have any medical conditions of which we should be aware? YES ___ NO ___

Please Explain: _____

Is there any reason why you should not work with: Children: YES ___ NO ___

Money: YES ___ NO ___

Please list the times you are available to volunteer: _____

On occasion, parking for Vancouver Maritime Museum volunteers can be limited.

Will this be a concern for you? YES ___ NO ___

Some areas of volunteering require a Criminal Record Checks.

Will this be a concern for you? YES ___ NO ___

For insurance purposes your birth date is required:

Birth Date: Day ___ Month ___ Year ___

REFERENCES

Please do not use relatives.

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

EMERGENCY CONTACT

Please indicate a friend or relative who lives in Vancouver that could be contacted in case of emergency

Name: _____ Phone: H. _____ Wk. _____

Relationship: _____

Where did you learn about volunteering at the Vancouver Maritime Museum?

Please circle: newspaper friend website Volunteer Vancouver

Other, please describe: _____

I agree to information from this form appearing on Scheduling Forms, Spares Lists, and First Aid lists within the Vancouver Maritime Museum on an as needed basis only. YES ___ NO ___

If No, Please Explain: _____

APPLICANT'S SIGNATURE: _____

The Vancouver Maritime Museum does receive more applicants than can be placed. Applicants are contacted **only if an appropriate opportunity becomes available**. Applications will be held on file for one year. Should circumstance change that could affect your volunteering please notify Volunteer services @ 604-257-8308

Thank you for your interest and support of the Vancouver Maritime Museum.

Return Form To:

Volunteer services

Vancouver Maritime Museum

1905 Ogden Avenue, Vancouver, B.C. V6J 1A3