



VANCOUVER

1688 West 6th Avenue, Vancouver, BC V6J 1R3
T 604-732-8500 | F 604-732-8590
vancouver@neuromotionphysio.com

SURREY

203 - 13737 96th Avenue, Surrey, BC V3V 0C6
T 778-293-3322 | F 778-293-3321
surrey@neuromotionphysio.com

VICTORIA

303 - 531 Yates Street, Victoria, BC V8W 1K7
T 250-590-7878 | F 250-590-8700
victoria@neuromotionphysio.com

Volunteer Application Form

Thank you for your interest in volunteering at Neuromotion Physiotherapy.

CONTACT INFORMATION

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

Address: _____ City: _____ Postal Code: _____

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

MOTIVATION AND INTERESTS

Why would you like to volunteer at Neuromotion Physiotherapy?: _____

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 disabilities? If yes, please explain: _____

Languages spoken: _____ Languages written/read: _____

Relevant Certifications Obtained: Driver's Licence Basic First Aid Expiry Date: _____

CPR Level C Expiry Date: _____ Other: _____

AVAILABILITY

Please mark the day/time slots that work best for you. (Please not only the vancouver location is open on Saturdays)

Morning (Before noon): Mon Tues Wed Thurs Fri Sat

Afternoon (12-4pm): Mon Tues Wed Thurs Fri Sat

Evening (4-8pmpm): Mon Tues Wed Thurs Fri Sat

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: _____

Home Phone: _____ Cell Phone: _____

CRIMINAL RECORDS CHECK

This is a requirement to volunteer at Neuromotion

Yes No

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

Signature: _____ Date: _____

MAIL, FAX, OR DROP OFF YOUR APPLICATION AT:

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