

NeuroMotion Physiotherapy
1688 West 6th Ave
Vancouver, BC V6J 1R3
Phone: 604-732-8500
Fax: 604-732-8590

Volunteer Application Form

Thank you for your interest in volunteering at NeuroMotion Physiotherapy Clinic.

CONTACT INFORMATION:

Application Date: _____

Given First Name: _____ Last Name: _____

Address: _____ City: _____ Postal Code: _____

Telephone Number: Home: _____ Cell: _____ Work: _____

Email Address: _____

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: _____

Do you have 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: _____ Written/read: _____

Relevant Certifications Obtained:

- Basic First Aid Expiry Date: _____
- Driver's License
- CPR Level C Expiry Date: _____
- Other _____

AVAILABILITY:

Generally speaking, what are the best days/times for you to volunteer? Please mark an "x" in all the day/time slots that work for you.

	Mon	Tues	Wed	Thurs	Fri	Sat
Morning (before noon)						
Afternoon (12-4pm)						
Early evening (4-8pm)						

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 this person? _____
How long has he/she known you? _____
Day time phone number: _____ Alternate phone number: _____
Email address: _____

2. Name: _____ Job Title (if applicable): _____
Organization (if applicable): _____
How do you know this person? _____
How long has he/she known you? _____
Day time phone number: _____ Alternate phone number: _____
Email address: _____

EMERGENCY CONTACT AND CONSENT:

Name: _____ Relationship: _____
Home Phone: _____ Cell Phone/Other: _____

CRIMINAL RECORDS CHECK: *This is a requirement to volunteer at NeuroMotion.*

Are you willing to undergo a police records check? Yes No

“I hereby certify that the information contained in this application is true to the best of my knowledge.”

Signature: _____ Date: _____

Mail, fax, or drop off your application at: NeuroMotion Physiotherapy, 1688 West
6th Ave, Vancouver, BC, V6J 1R3 Fax: 604-732-8590