

Volunteer Application



Thank you for your interest in volunteering at Nikkei Place!
 Nikkei Place is made up of 3 organizations which you can choose to volunteer with: **Nikkei Place Foundation, Nikkei National Museum & Cultural Centre, and Nikkei Seniors Health Care & Housing Society.**

FOR OFFICE USE ONLY:

Received on:
 Form revised on: 01-17-2018

Step 1 Personal Information

Miss First Name _____ Last Name _____
 Ms. Address _____
 Mr. City _____ Province _____ Postal Code _____
 Mrs. E-mail _____ Tel. _____

Employment Status: Student Employed Unemployed Retired

Citizenship Status: Canadian Citizen Permanent Resident OR

Working Holiday Visa Work Permit Student Visa Other _____ Expiry Date: _____

Step 2 Skills & Availability

Are you fluent in English?

Spoken	<input type="checkbox"/> 5 <input type="checkbox"/> 4	<input type="checkbox"/> 3 <input type="checkbox"/> 2	<input type="checkbox"/> 1
Written	<input type="checkbox"/> 5 <input type="checkbox"/> 4	<input type="checkbox"/> 3 <input type="checkbox"/> 2	<input type="checkbox"/> 1
Reading	<input type="checkbox"/> 5 <input type="checkbox"/> 4	<input type="checkbox"/> 3 <input type="checkbox"/> 2	<input type="checkbox"/> 1
	Fluent	Conversation Lvl	None

Are you fluent in Japanese?

Spoken	<input type="checkbox"/> 5 <input type="checkbox"/> 4	<input type="checkbox"/> 3 <input type="checkbox"/> 2	<input type="checkbox"/> 1
Written	<input type="checkbox"/> 5 <input type="checkbox"/> 4	<input type="checkbox"/> 3 <input type="checkbox"/> 2	<input type="checkbox"/> 1
Reading	<input type="checkbox"/> 5 <input type="checkbox"/> 4	<input type="checkbox"/> 3 <input type="checkbox"/> 2	<input type="checkbox"/> 1
	Fluent	Conversation Lvl	None

Do you have any special skills, qualifications, or licenses? Eg. Microsoft Office, first aid, Serving It Right, photography, web

When are you available?

Day of the Week	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Length of available volunteer commitment: # of Months: _____ # of Hours Per Week: _____

Step 3

Volunteering Interests at Nikkei Place

Nikkei Place Foundation

6688 Southoaks Crescent
Burnaby, BC V5E 4M7
nikkeiplacefoundation.org | 604.777.2122

Hours of Operation:

Office: Monday - Friday: 10:00am - 5:00pm

Special Events Assistance

Nikkei National Museum & Cultural Centre

6688 Southoaks Crescent
Burnaby, BC V5E 4M7
centre.nikkeiplace.org | 604.777.7000

Hours of Operation:

Mondays & Stat Holidays: Closed
Tuesday-Friday: 10:00am-9:30pm | Office: 9:30am-5:00pm
Saturday: 9:00am-5:00pm | Office: 9:00am-4:30pm
Sunday: 10:00am-5:00pm | Office: Closed

The Cultural Centre:

- Information Desk
- Office Assistant
- Translation Team
- Special Events Assistance

The Nikkei Museum:

- Museum Assistant
- Archive & Research Assistant
- Education Assistant

Nikkei Seniors Health Care & Housing Society

6680 Southoaks Crescent
Burnaby, BC V5E 4N3
seniors.nikkeiplace.org | 604.777.5000

Robert Nimi Nikkei Home (Assisted Living):

- Reception Desk
- 1-on-1 Visits
- Recreational Program Assistance
- Talk/Lecturer
- Special Events Assistance
- Driver
- Activity Helper or Leader

Outreach Dementia-Friendly Programs:

Activity Helper or Leader at the following times:

- Tuesdays 10:00am–2:00pm
- Wednesdays 9:30am–2:30pm
- Fridays 9:30am–4:30pm

Do you have knowledge, experience, or skill with seniors or senior issues? Yes No

If Yes, please describe:

PLEASE NOTE: A criminal record check is required for volunteering at Nikkei Seniors.

The Criminal Records Review Act requires that employees and volunteers working with vulnerable adults in public or publicly funded organizations clear a criminal record check. Applicant volunteers are required to submit a Criminal Record Check Consent form to provincial Criminal Records Review Program for a free criminal record check.

Why are you interested in the position(s) you have marked?

Step 4 References & Emergency Contact

Please provide TWO references (no family):

1

First Name _____ Last Name _____

Occupation: _____

Relationship: _____

E-mail _____ Tel. _____

2

First Name _____ Last Name _____

Occupation: _____

Relationship: _____

E-mail _____ Tel. _____

In case of emergency, please contact:

First Name _____ Last Name _____

Relationship: _____

E-mail _____ Tel. _____

I declare that I have answered all questions in this application fully and truthfully. I give permission to Nikkei Place (Nikkei Place Foundation, Nikkei National Museum & Cultural Centre, and Nikkei Seniors) to disclose my personal information for internal purpose only.

SIGNATURE: _____ DATE: _____

Step 5 Volunteer Release Form

This Release and Waiver of Liability (the "release") executed on (insert date) _____ by (insert name of volunteer candidate) _____ ("Volunteer") releases Nikkei Place Foundation ("NPF"), Nikkei National Museum & Cultural Centre ("NNMCC"), and Nikkei Seniors Health Care & Housing Society ("NSHCHS"), each a nonprofit, charitable organization and each of its directors, employees and agents.

The Volunteer desires to provide volunteer services for NPF, NNMCC, and/or NSHCHS and engage in activities related to serving as a volunteer.

Volunteer understands the scope of Volunteer's relationship with NPF, NNMCC, and/or NSHCHS is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer, that NPF, NNMCC, and/or NSHCHS will not provide any benefits traditionally associated with employment to Volunteer, and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer's services to NPF, NNMCC, and/or NSHCHS.

1. WAIVER AND RELEASE:

I, the Volunteer, release and forever discharge and hold harmless NPF, NNMCC, and NSHCHS and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the services I provide to NPF, NNMCC, and NSHCHS from any liability or claim that I may have against NPF, NNMCC, and NSHCHS with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide NPF, NNMCC, and NSHCHS or occurring while I am providing volunteer services.

2. INSURANCE:

Further I understand that NPF, NNMCC, and NSHCHS does not assume any responsibility for or obligation to provide me with financial or other assistance, including, but not limited to medical, health or disability benefits or insurance of any nature in the event of any injury, illness, death or damage to my property. I expressly waive any such claim for compensation or liability on the part of NPF, NNMCC, and NSHCHS beyond what may be offered freely by NPF, NNMCC, and NSHCHS in the event of such injury or medical expenses incurred by me.

3. PHOTOGRAPHIC RELEASE:

I grant and convey to NPF, NNMCC, and NSHCHS all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by NPF, NNMCC, and NSHCHS in connection with my providing volunteer services to NPF, NNMCC, and/or NSHCHS.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

SIGNATURE

DATE

Thank you for your interest in volunteering at the Nikkei Place!

Please make sure to fill out every section, and return to:

連絡先や推薦人、ご自分のスケジュールや滞在期間&趣味など、総てご記入ください。
空欄が有りますと手続の遅れが発生しますので、どうかご協力ください。

Noriko Muraoka (Concierge)

604.777.7000 ext.108 | Fax: 604.777.7001

volunteer@nikkeiplace.org

6688 Southoaks Crescent, Burnaby, BC V5E4M7

