

# Volunteer Application Form



## PERSONAL INFORMATION

(Please circle) Miss / Ms. / Mrs. / Mr.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Employment Status (please circle): Student / Employed / Unemployed / Retired

Citizenship Status in Canada (please circle): Canadian citizen / Permanent resident

**OR,** Working Holiday Visa / Work Permit / Student Visa / Other: \_\_\_\_\_

Termination Date of Visa : Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

*If you are under the age of 19, please complete the following:*

Name of parent / guardian: \_\_\_\_\_ Tel#: \_\_\_\_\_

		Fluent		Conversation Level		None
Are you fluent in English?	Spoken	5	4	3	2	1
	Written	5	4	3	2	1
	Read	5	4	3	2	1
Are you fluent in Japanese?	Spoken	5	4	3	2	1
	Written	5	4	3	2	1
	Read	5	4	3	2	1

## AVAILABILITY

Days of the week	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Length of volunteer commitment: \_\_\_\_\_ Number of months: \_\_\_\_\_

Number of hours per week: \_\_\_\_\_

VOLUNTEER INTERESTS

**Nikkei Seniors Society** (Criminal record check required)

Nikkei Home

- \_\_\_ Reception Desk
- \_\_\_ One-on-One Visit
- \_\_\_ Recreational Program Help
- \_\_\_ Special Events Help
- \_\_\_ Driver

Outreach Project

- \_\_\_ Kui Do Raku (Tuesdays)
- \_\_\_ Iki Iki 1/2 Day (Wednesdays)
- \_\_\_ Iki Iki (Fridays)

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

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Do you have special skills, qualifications, or licences?

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Please provide two references:

Name	Occupation	Relationship	Contact Number
			Phone: Email:
			Phone: Email:

**\*For the volunteers at Nikkei Seniors**

Do you have knowledge/experience/skill with seniors or seniors issues? (Please circle) Yes/No

If Yes, please describe:

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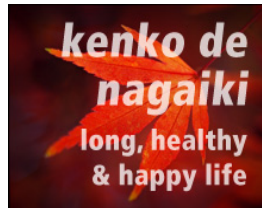
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Person to contact in case of emergency \_\_\_\_\_  
Relationship: \_\_\_\_\_ Contact: \_\_\_\_\_

I declare that I have answered all questions in this application fully and truthfully. I give permission to Nikkei Place to disclose my personal information for internal purpose only.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for your interest in volunteering at the Nikkei Place! Please return this completed form to the Volunteer Coordinator at: Nikkei Place, 6688 Southoaks Cres. Burnaby BC V5E 4M7 Tel: (604)777-7000 ext.114 Fax: (604)777-7001 E-mail: [volunteer@nikkeiplace.org](mailto:volunteer@nikkeiplace.org)



Nikkei Seniors  
Health Care &  
Housing Society