



Marpole-Oakridge Community Centre

990 West 59th Avenue, Vancouver, B.C., V6P 1X9
 Phone 604-257-8180 Fax 604-257-8179

YOUTH VOLUNTEER APPLICATION

NAME:	BIRTHDATE:	
ADDRESS:	TELEPHONE:	
SCHOOL:	GRADE:	AGE:
E-MAIL:	ARE THESE HOURS FOR CAPP OR IB?	

Please describe any previous work and/ or volunteer experience:

Please describe any extracurricular activities, hobbies, interests or experience that you feel may contribute to your volunteer work at Marpole-Oakridge Community Centre:

Please list all languages that you can read, write and/or speak:

Please list any current certifications that would be applicable to your volunteer service (ie. First-Aid and CPR, FoodSafe):

Please check the days and areas that you would like to volunteer for:

Monday 3:30-6:00..... <input type="checkbox"/>	Youth Committees..... <input type="checkbox"/>
Tuesday 3:30-6:00..... <input type="checkbox"/>	Snack Bar Volunteer..... <input type="checkbox"/>
Wednesday 3:30-6:00..... <input type="checkbox"/>	Youth Room Supervisor..... <input type="checkbox"/>
Thursday 3:30-6:00..... <input type="checkbox"/>	Administrative Assistant..... <input type="checkbox"/>
Friday 3:30-5:30..... <input type="checkbox"/>	Computer Mentor..... <input type="checkbox"/>
Friday 5:30-8:00..... <input type="checkbox"/>	Sports Supervisor (Fridays)..... <input type="checkbox"/>
	MoreSports Assistant Coach..... <input type="checkbox"/>
	Y2 Youth Mentor (Fridays)..... <input type="checkbox"/>
	Special Events..... <input type="checkbox"/>
	Children's Programs..... <input type="checkbox"/>
	Day Camps (summer only)..... <input type="checkbox"/>
	Other (please describe)..... <input type="checkbox"/>

Marpole Volunteer Agreement Form

Our vision is to be a recognized leader in building community, promoting partnerships, celebrating diversity and enhancing the life and well-being of everyone who lives, works and plays in our community. Thank you for participating to an important role in the growth and vitality of Marpole.

Marpole-Oakridge Community Centre agrees to:

- Provide orientation and arrange for on-site training and supervision for our respective events.
- Provide guidance and encouragement.
- Provide opportunities for evaluation and feedback.
- Provide opportunities for growth.
- Maintain documentation and verification of volunteer's service history.
- Provide recognition upon completion of three continuous months or at least 30 hours or more of services (ie. letter of reference, invitation to annual dinner, courtesy pass).
- Encourage all volunteers to participate in our programs regardless of race, sex, ethnicity, national origin, ancestry, sexual orientation, or disability.
- Reject or dismiss volunteers that violate BCSC professional policy of conduct including sexual/racial harassment or discrimination.

Volunteer agrees to:

- Be reliable, punctual, and honest.
- Actively participate and do the best I can.
- Offer my volunteer services without compensation in wages.
- Participate in orientation, training and supervision.
- Follow the supervision and directions of the supervisor to whom I have been assigned to perform my volunteer services and activities.
- Give advance notice to supervisor/coordinator if I cannot commit to schedule.
- Facilitate accurate maintenance of my volunteer record of hours by signing in and out each shift.
- Respect confidential information and will not disclose such information to others.
- Provide all documentations required by the supervisor before being placed.
- Pass a police record check, if required, before being placed.
- Be drug and alcohol free prior to and during appointed volunteer shift.
- Release the Marpole-Oakridge Community Centre, employees, boards, volunteers, and partners from and against any and all liabilities, harms, injuries, damages, and claims which may arise or hereafter be accrued from volunteering.

Signature of Volunteer

Printed Name of Volunteer

Date

Anntuaneth Figueroa – Community Youth Worker

Date

Note* All volunteers under 18 years must have a parent or legal guardian complete this section.
Consent of Parent or Legal Guardian for Minor's Participation as a Volunteer

I _____, the parent or legal guardian of _____ choose to permit my child or ward to participate in the Marpole-Oakridge Community Centre as a volunteer. I understand that my child's or ward's services are being offered on a voluntary basis without anticipation of any financial remuneration. I agree that he/she will abide by any rules and directions provided by those helping to administer the Volunteer Program.

Signature of Parent/Legal Guardian

Printed Name of Parent/Legal Guardian

Date



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Photograph/Media Release Form

As a legal guardian or parent of the youth indicated below, I grant Marpole-Oakridge Community Centre, Vancouver Parks Board and the City of Vancouver the authority to record and/or photograph my son and/or daughter for instructional, promotional and educational purposes. Photos of participants are often taken in order to document and promote our programs and services. These photos may be used in program brochures, photo displays, and on our Park board website. We will not release any names or give any other information out regarding the identification of individuals in the photos without their prior consent. This consent form is to obtain permission to use your son/daughter's image ONLY.

I understand that images attained will not be reproduced in whole or part for any purposes other than stated above. This form must be completed and returned to Marpole-Oakridge Community Centre prior to the program.

Name of Child/Youth: _____ **Age:** _____
(First Name) (Last Name)

Name of Parent: _____
(First Name) (Last Name)

Phone number: _____ **E-Mail:** _____

Purpose of Usage:

- TO BE USED IN OUR PRESENTATION FOR OUR BOARD OF DIRECTORS
- TO BE POSTED ON OUR YOUTH ROOM PHOTO BOARD
- TO BE USED FOR PROMOTIONAL PURPOSES TO ILLUSTRATE THE SUCCESS OF THE PROGRAM

Please check one: Yes **No**

(If selected yes, please fill out the following statement)

I hereby give the permission for Marpole-Oakridge Community Centre to use photographs of my son/daughter, _____, taken during the program to be used for instructional, promotional and educational purposes.

Signature of Parent/Guardian: _____ **Date:** _____