



Parkinson Society Maritime Region  
Soci t  Parkinson Regional Maritime

## Volunteer Information Sheet

### 1. General Information

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

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

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Home #: (\_\_\_\_) \_\_\_\_\_ Business #: \_\_\_\_\_

Cell#: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

What is your preferred method of communication?

Mail  Phone  Fax  E-mail

How did you find out about the Parkinson Society?

- Word-of-mouth  
 Friend  
 Work place  
 Special Event  
 Media (e.g. television, newspaper)  
 Other

What best describes your current situation?

Employed  Retired  Seeking work  Student  Other

Describe your reasons for wanting to volunteer with the Parkinson Society:

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Please list any paid or volunteer work experience that would speak to your interest in volunteering with us.

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Do you have access to a computer and the internet? Yes No

Do you speak any languages in addition to English? If yes, which one(s)?

## 2. Your Interests

Please indicate the type of work you are most interested in helping with:

- Office Administration
- Technical Support
- Fundraising
- Graphic Design
- Event Planning
- Other \_\_\_\_\_

Please indicate the type of work you have experience with:

- Office Administration
- Technical Support
- Fundraising
- Graphic Design
- Event Planning
- Other \_\_\_\_\_

Availability:

Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Please indicate the times when you could be available for volunteering.  
(Evenings=after 5pm)

	AM	PM	EVE
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weekends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please select your level of skill or experience in the following areas:  
(None= no experience to Advanced=Have at least one year experience)

	None	Basic	Intermediate	Advanced
Data Entry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office Software (Microsoft)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Database Software	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accounting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 3. References

Please provide two references. These should be an employer/supervisor or an individual known through community involvement that you have known for at least 6 months. NOT a personal friend or family member.

Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: (\_\_\_\_\_)\_\_\_\_\_

Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: (\_\_\_\_\_)\_\_\_\_\_

#### Emergency Contact:

Name: \_\_\_\_\_  
Phone #: (\_\_\_\_\_)\_\_\_\_\_

### 4. Consent

I hereby authorize the Parkinson Society Maritime Region to obtain references from the above individuals in connection with my application for a volunteer position. I hereby authorize the above named individuals to provide a reference in connection with my application for a volunteer position and release them from any liability in regard to it. I hereby certify that all information included in this application form is true and complete.

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

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

**Thank you for your interest in helping the Parkinson Society!**