



Service Offer (Volunteer Employee)
 Parc Aquarium du Québec

New application
Renewal

PLEASE PRINT IN BLOCK LETTERS

1. IDENTIFICATION

Last Name			First Name		
Address (number, street, apartment, P.O. Box)			Telephone # (residence)		
Municipality		Postal Code	Telephone # (other) E-mail Address		
Birth Date			Social Insurance Number		
Day	Month	Year			

2. JOBS APPLIED FOR

Check according to you choices

Parc Aquarium du Québec

Yes No

	Yes	No
Reception	<input type="checkbox"/>	<input type="checkbox"/>
Information Kiosk	<input type="checkbox"/>	<input type="checkbox"/>
Activities Assistant	<input type="checkbox"/>	<input type="checkbox"/>

You must use this form to apply for a volunteer job at Parc Aquarium du Québec.	<p>Don't Forget</p> <ul style="list-style-type: none"> . To enter your social insurance number in order to ensure C.S.S.T coverage. . To inform us as quickly as possible about any change of address or phone number so that we can contact at any time.
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3. TRAINING OR SPECIALTY

Please describe your training or specialty: (Ex.: Teaching, computers, tourism, secretarial, etc.)

4. VOLUNTEER EXPERIENCE

Name of the organisation of institution where you have worked:

Job or title:

Main tasks:

Why would you like to do volunteer work at Parc Aquarium du Québec?

Describe your expectations.

5. AVAILABILTY FOR TRAINING

When would you be available to receive the necessary information and training for your volunteer position?

Daytime: AM PM

6. AVAILABILITY FOR VOLUNTEER WORK

How many times per month would you be interested in working: (1 time = 1 half day)

4 times

+ 4

What days do you prefer?

Full day

Monday Tuesday Wednesday Thursday Friday Saturday Sunday ½ day

NOTE: Attendance is for half-day blocks, and the minimum number of blocks required is **12** per 3-month period. However, it is possible to work for full days, but not at the same job.

Can you communicate fluently in English? <input type="checkbox"/> yes <input type="checkbox"/> a little <input type="checkbox"/> no
Do you have any physical handicaps that could limit the kind of tasks you can do? (Allergy, visual handicap, back problems, etc.). If so, please describe: _____

7. GENERAL INFORMATION

How did you hear about the volunteer program? Friends <input type="checkbox"/> Radio <input type="checkbox"/> Television <input type="checkbox"/> Newspapers <input type="checkbox"/> Others: _____
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Other information, comments or suggestions if applicable: _____ _____ _____
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Signature :		Date :	Year	Month	Day
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It is important to answer all of these questions carefully so that your knowledge and experience can be put to good use. We try to respect your availability choices as much as possible. We thank you for taking the time to fill out this form.

PLEASE RETURN THIS FORM TO:

**Volunteer Program
PARC AQUARIUM DU QUEBEC
1675 Avenue des Hôtels
Sainte Foy, Québec G1W 4S3**

FOR MORE INFORMATION, PLEASE CALL 659-5266, ext. 268

COMPLEMENTARY INFORMATION

The purpose of this questionnaire is to put your interests to good use in organizing the different activities.

Name (In block letters): _____

1- Do you speak more than one language? No _____ Yes _____
If so, which ones?: _____

2- What are your favourite hobbies and in what areas do you have special skills and abilities?

Photography	_____	Ornithology	_____
Mycology	_____	Hiking	_____
Cross country skiing	_____	History	_____
Computers	_____	Horticulture	_____
Travelling (which countries?)	_____	Others	_____
_____		_____	
_____		_____	
_____		_____	
_____		_____	

3- Please describe your passions and skills related to the interests have checked off above.

4- Would you like to participate in volunteer activities other than assisting the reception and hosting staff, such as:

- _____ Organization of a conference program on themes associated with our institution's vocation.
- _____ Production of an information brochure or bulletin for our volunteers.
- _____ Organization of workshops with specialists.

Other suggestions:

We thank you for your attention and collaboration