Service Offer (Volunteer Employee))
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			

You must use this form to apply for a volunteer job at Aquarium du Québec	**Don't Forget** . 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.

2. TRAINING OF SPECIALTY

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

3. VOLUNTEER EXPERIENCE

Name of the organization or institution where you have worked:
Job of title:

Main tasks :
Why would you like to do volunteer work at Aquarium du Québec?
Describe your expectations.

4. AVAILABILITY FOR TRAINING

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

Daytime: AM□ PM□

5. 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 **10** 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? □ yes □ a little □ no

Do you have any physical handicaps that could limit the kind of tasks you can do?
I f so, please describe:

_____

6. GENERAL INFORMATION

How did you hear about the volunteer program? Friends □ Radio □ Television □ Newspapers □ Others: _____

Other information, cmmentsor suggestions if applicable :

Signature :		Date :	Year	Month	Day

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.

PELASE RETURN THIS FORM TO :

Volunteer Program
AQUARIUM DU QUEBEC
1675, avenue des Hôtels
Québec, Québec G1W 4S3

FOR MORE INFORMATION, PLEASE CALL 418 659-5266, ext. 258

AQUARIUM DU QUÉBEC

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 you have check 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 of bulletin for our volunteers..
____Organization of workshops with specialists.

Other suggestions :

_____

_____

We thank you for your attention and collaboration.