



**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		

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

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

**3. 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.

**4. AVAILABILTY 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 **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?       yes       a little       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:

\_\_\_\_\_

## 6. GENERAL INFORMATION

How did you hear about the volunteer program?

Friends       Radio       Television       Newspapers       Others: \_\_\_\_\_

Other information, comments or 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.**

**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 \_\_\_\_\_

Mycology \_\_\_\_\_

Cross country skiing \_\_\_\_\_

Computers \_\_\_\_\_

Travelling (which countries?) \_\_\_\_\_

Ornithology \_\_\_\_\_

Hiking \_\_\_\_\_

History \_\_\_\_\_

Horticulture \_\_\_\_\_

Others \_\_\_\_\_

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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**