VOLUNTEER APPLICATION FORM

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Personal Information: | | | | | | | | | | | |
| Last Name: | | | First Name: | | | | | | Gender:  Female | | |
| Chinese Name: | | | | | | | Date of Birth (Month/Date/Year) : | | | | |
| Address: | | | | | | City: | | | | Postal Code: | |
| Home Phone: | | | | | Business/Cell Phone: | | | | | | |
| Email Address: | | | | | | | | | | | |
| Background Information(For internal statistical purposes only): | | | | | | | | | | | |
| Current Occupation: | | | | | Previous Occupation: | | | | | | |
| Status in Canada (Check the appropriate category):   * □Citizen □Immigrant □Visitor   □Visa Student □Refugee | | | | | | | | | | | |
| Education:  □Secondary □College/University  Grade/Year: \_\_\_\_\_\_ School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Others (Please Specify): | | | | | | | | | | | |
| Language Skills:  □English □Cantonese □Mandarin Other (Please Specify): | | | | | | | | | | | |
| How did you hear about COFN volunteer program?  □Newspaper □Radio/TV □Brochure □Internet □School Others (Please Specify): | | | | | | | | | | | |
| Why are you interested in becoming a volunteer?  □Additional Spare Time □Community Involvement Requirement □Desire to Help Others  Others (Please Specify): | | | | | | | | | | | |
| Time available: (At least 4.5 hours per week preferred) | | | | | | | | | | | |
| Day | Mon | Tue | Wed | Thu | | | | Fri | Sat | | Sun |
| Time |  |  |  |  | | | |  |  | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Skills & Experiences: | | | |
| Skills (e.g. Computer, Typing, design, etc.): | | | |
| Employment History: | | | |
| Volunteer Experience: | | | |
| Volunteer Services Preferred:  □ Clerical/Office Services □ Graphic Design & Artwork  □ Promotion & Publicity □ Public Education Services  □ Services for Seniors □ Information Counseling Services  □ Fundraising □ Reception Service  □ Translation/Interpretation □ Children/Youth Services  □ Music Others (Please Specify) | | | |
| References: | | | |
| Names: | Relationship | | Phone: |
| Name: | Relationship | | Phone: |
| Applicant’s Signature | | | |
| I hereby declare that the information on this application is true and complete. I realize that my personal information is governed by the *Privacy Act* and will only be used where authorized by COFN. In making this application, I give permission to COFN to contact my references to ascertain my suitability as a volunteer.  Applicant’s Signature: Date: | | | |
| Emergency Contact: | | | |
| Name: | Relationship | | Phone: |
| Parents/Guardian Signature (if applicant is under 16 years of age) | | | Date: |
| For Office Use Only: | | | |
| Remarks: | | | |
| Staff I/C: | | Date: | |