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: |