

DELTA FAMILY RESOURCE CENTRE – Volunteer APPLICATION FORM

Information collected is protected by Privacy Legislation and used only to meet reporting requirements for Program funding.

General Information (Please print)
 Name: _____
 (Last) (First) (Middle)
 Address: _____
 Nearest major Intersection: _____
 City: _____ Postal Code: _____ Email: _____
 Telephone (Home): _____ (Work): _____ (Cell): _____

Please Answer the following using a check mark in the appropriate box :

Gender: Male Female **Age range:** 20-24 25-64 65+
Marital Status: Single Married **Were you born outside Canada?** Yes No
If yes, what is your status? Citizen Landed Immigrant Conventional Refugee Other
Language Spoken: English French Italian Arabic Cantonese Greek
 Hindi Polish Punjabi Spanish Turkish Somali Other _____
 (please specify)

Please Answer the following using a check mark in the appropriate box :

Education: High School Grade 9 Grade 10 Grade 11 Grade 12 Grade 13
 Community College completed Year 1 Year 2 Year 3 Year 4
 University completed Year 1 Year 2 Year 3 Year 4
 Trade School completed Year 1 Year 2 Year 3 Year 4
 Degrees obtained: _____

Please check the box(s) to indicate the program(s) you wish to volunteer for:

Settlement Programs: <input type="checkbox"/> ESL Assistant	Other: <input type="checkbox"/> Outreach
Community Support Programs: <input type="checkbox"/> Food Club/Food Bank <input type="checkbox"/> Community Office Assistant/Reception <input type="checkbox"/> Community Kitchen	Family Resource Programs: <input type="checkbox"/> Child Care Assistant

In Case of Emergency please notify:
 Name: _____ Address: _____
 Telephone Home: _____ Telephone Work: _____ Cell: _____

I understand that any falsification of the information in this application could result in the cancellation of my volunteer placement _____

Signature _____ Date _____

Employment History: Please list paid employment starting with the most recent.

Name of Company	Years Worked (m/y)	Type of Business	Responsibilities
	From: To:		
	From: To:		
	From: To:		
	From: To:		

References: List two persons, who are not family members, who have known you for 2 years.

Name	Relationship	Telephone Number

Please answer the following questions:

Why do you want to volunteer with Delta Family Resource Centre? _____

What would you like to learn? _____

Have you done any volunteer work in the past? If so, what type(s)? _____

What are your hobbies, skills and other interests? _____

Which days/times are you available to volunteer? _____

Do you have any allergies, medical conditions we need to know about? _____

For office use only:

Date Interviewed: _____	By: _____
Date Started Volunteering: _____	Date Finished: _____
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