



**DFRC**

## **VOLUNTEER REGISTRATION FORM**

To access DFRC Services every client must complete a registration form. Collected information is protected by the Privacy Legislation and is used only to meet reporting requirements for funding.

### General Information (Print Only)

Name: \_\_\_\_\_  
(First) (Last)

Address: \_\_\_\_\_ Apartment/Suite #: \_\_\_\_\_

Nearest major intersection: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

Please answer the following using the check mark in the appropriate box.

Gender: Male  Female  Age Range 18-24  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

If your first language is not English, what is your first language?: \_\_\_\_\_

Please answer the following using the check mark in the appropriate box.

Highest level of education attained:

High School : Grade Level \_\_\_\_\_  Community College : Years Attended \_\_\_\_\_

University : Years Attended \_\_\_\_\_  Trade School : Years Attended \_\_\_\_\_

Degrees obtained (Specify) \_\_\_\_\_

Please check the boxes to indicate the programs you wish to register for.

**Settlement Programs:**

ESL Assistant

**Family Resource Programs:**

Child Care Assistant

**Other:**

Outreach

**Community Support Programs :**

Food Club/ Food Bank

Community Office Assistant/Reception

Community Kitchen

Other (Specify) \_\_\_\_\_

Emergency Contact in case of an emergency.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

I hereby agree that all the information on this page are accurate and any falsifications may lead to the termination of my volunteer placement.

Volunteer signature: \_\_\_\_\_ DFRC Staff \_\_\_\_\_ Date \_\_\_\_\_





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