



# VOLUNTEER APPLICATION

This information will help us provide the most satisfying and appropriate volunteer placement for you. Please fill in as many details as possible.

## FOR OFFICE USE ONLY

Date received: \_\_\_\_\_  
Date interviewed: \_\_\_\_\_  
Referred by: \_\_\_\_\_  
Starting Date: \_\_\_\_\_

### Personal

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

☎ Home Phone: \_\_\_\_\_ ☎ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Emergency Contact

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

Relationship: \_\_\_\_\_

☎ Work / Cell Phone: \_\_\_\_\_ ☎ Home: \_\_\_\_\_

### Experience

Volunteer experience or community involvements: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Work experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Education, training or courses taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Skills(Special interests, hobbies, musical instruments, skills, languages spoken that you may wish to share in this volunteer position): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### References

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

Relationship: \_\_\_\_\_

☎ Work: \_\_\_\_\_ ☎ Home: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

☎ Work: \_\_\_\_\_ ☎ Home: \_\_\_\_\_



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## Areas and times you are interested in volunteering

Please check the box( ) that you are interested in:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Program Assistant        | <input type="checkbox"/> Meals on Wheels   | <input type="checkbox"/> Bus Driving        |
| <input type="checkbox"/> Office Assistance        | <input type="checkbox"/> Meal Assistance   | <input type="checkbox"/> Musical Instrument |
| <input type="checkbox"/> Dietary Assistance       | <input type="checkbox"/> Pet Visits        | <input type="checkbox"/> Volunteer Board    |
| <input type="checkbox"/> Arbour Services          | <input type="checkbox"/> One on One Visits | <input type="checkbox"/> Fundraising        |
| <input type="checkbox"/> Rehab Assistance         | <input type="checkbox"/> Fish Care         | <input type="checkbox"/> Laundry            |
| <input type="checkbox"/> Special Events Assistant | <input type="checkbox"/> Canteen           | <input type="checkbox"/> Other_____         |
|   | <input type="checkbox"/> Bus Outing        |   |

**Preferred Days**(please circle): Sunday Monday Tuesday Wednesday Thursday Friday Saturday

**Preferred Time:** \_\_\_\_\_ **Total Hours/week:** \_\_\_\_\_

**What do you hope to gain through volunteering at Edmonton Chinatown Care Centre?**

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### Please Note:

1. All volunteers must be interviewed by the Volunteer Coordinator prior to beginning.
2. Letters of Reference will be provided upon request to volunteers who have contributed a minimum of 25 hours.
3. All volunteer applications are reviewed, applicants will be contacted within 3 weeks of submission.

## Authorization for Release of Information

I, \_\_\_\_\_, hereby give permission to Edmonton Chinatown Care Centre to obtain information regarding my previous employment, education, volunteer background and personal references. I also permit ECCC to enter my information into their Volunteer Database System, to be solely used for volunteer services information. A copy of this authorization shall be as valid as the original. The above information is correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_