

## Volunteer Registration Form

**1. Name:** \_\_\_\_\_  
First Name Last Name

**2. Address:** \_\_\_\_\_  
Street Number & Name City Postal Code Major Intersection

**3. Communication Means:** \_\_\_\_\_  
Home Phone Cellular Phone E-mail Address

**4. Age:**  14-16     17-24     25-34     35-44     45-64     65 or above

**5. Gender:**  Male     Female

**6. Status in Canada:**  Citizen     Landed Immigrant     Other: \_\_\_\_\_

**7. Medical Coverage:**  Ontario Health Coverage     Private Medical Insurance  
Valid Until: \_\_\_\_\_    Name of Company: \_\_\_\_\_

**8. Years in Canada:**  < 1 Year     1-3 Years     4-7 Years     > 8 Years

**9. Origin:**

Canada     Hong Kong     Mainland China     Taiwan  
 India     Sri Lanka     Other (Please Specify): \_\_\_\_\_

**10. Education:**

Elementary School     High School     College  
 University/Postgraduate     Other (Please Specify): \_\_\_\_\_

**11. First Language:**

English     Cantonese     Mandarin  
 Tamil     Hindi     Arabic  
 Russian     Other (Please Specify): \_\_\_\_\_

**12. Second Language:**

English     French     Cantonese     Mandarin  
 Spanish     Other (Please Specify): \_\_\_\_\_

**13. Preference of Service Location:**

Scarborough     Toronto     North York  
 York Region  
 Other (Please Specify): \_\_\_\_\_

**14. Frequent Mode of Transportation:**

TTC     On Foot     Car     Bicycle

**15. Please indicate your area(s) of service by putting a check mark in the appropriate box(es):**

<input type="checkbox"/> Children's Summer Camp <input type="checkbox"/> Children & Youth Program <input type="checkbox"/> Computer Support <input type="checkbox"/> Data Entry & Clerical Work <input type="checkbox"/> Fundraising <input type="checkbox"/> Community Garden <input type="checkbox"/> Information Booth <input type="checkbox"/> Interpretation <input type="checkbox"/> Other (Please Specify): _____	<input type="checkbox"/> Professional Mentor <input type="checkbox"/> Program/Workshop Assistance <input type="checkbox"/> Reception <input type="checkbox"/> Survey/Telephone Interview <input type="checkbox"/> Tax Return <input type="checkbox"/> Translation <input type="checkbox"/> Tutoring <input type="checkbox"/> Youth/Women/Seniors Council
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**16. Time Availability:**

<input type="checkbox"/> Weekday	<input type="checkbox"/> Weeknight	<input type="checkbox"/> Weekend
<input type="checkbox"/> Summer Vacation	<input type="checkbox"/> Other Holidays (Please Specify): _____	

**17. Source of Referral:**

<input type="checkbox"/> Friends & Relatives	<input type="checkbox"/> Media	<input type="checkbox"/> CICS
<input type="checkbox"/> Self-applied	<input type="checkbox"/> Services Recipient	<input type="checkbox"/> Other Social Service Agency

**18. Past or Present Occupation:** \_\_\_\_\_

**19. Skills/Abilities:** \_\_\_\_\_

**20. Volunteer Experience:**

Period: _____	Agency: _____
Nature of Work: _____	

**21. Any conditions (medical/physical/other concerns) that we should be aware of:**

\_\_\_\_\_

**\*\* I understand that I must notify the on-duty staff/volunteer coordinator if I have any special conditions (medical/physical/ other concerns) which may influence me performing the assigned volunteer duties.**

**\*\* I hereby agree to participate in volunteer activities for CICS and to receive emergency treatment, if necessary. I hereby release the Centre for Immigrant & Community Services from all claims arising from any accident, loss or injury which are caused by or arisen from such participation and/or treatment.**

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

**\*\* For volunteers less than 16 years of age:**

**I agree to give permission for my child to participate in volunteer activities for CICS and to receive emergency treatment, if necessary. I hereby release the Centre for Immigrant & Community Services from all claims arising from any accident, loss or injury which are caused by or arisen from such participation and/or treatment.**

**Parent/Guardian's name:** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**For Office Use Only:**

Staff: \_\_\_\_\_

Registration Date: \_\_\_\_\_

Unit: \_\_\_\_\_

Initial Assigned Duties: \_\_\_\_\_