

Volunteer Registration Form

1. Name: _____
First Name Last Name

2. Address: _____
Street Number & Name City Postal Code

3. Communication Means: _____
Home Phone Cellular Phone E-mail Address

4. Age: 14-17 18-24 25-34 35-44 45-64 65 or above

5. Gender: Male Female Other: _____

6. Status in Canada: Citizen Permanent Resident Other (Please Specify): _____

7. Medical Coverage: Ontario Health Coverage (OHIP) Private Medical Insurance
Valid Until: _____ Name of Company: _____

8. Years in Canada: < 1 Year 1-4 Years 5-10 Years > 10 Years

9. Origin:

Canada Mainland China Hong Kong 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 North York Toronto
 York Region Other (Please Specify): _____

14. Frequent Mode of Transportation:

Public Transit Car On Foot / Bicycle

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

<input type="checkbox"/> Admin Assistance (Data Entry & Clerical Tasks) <input type="checkbox"/> After School Program <input type="checkbox"/> Art Work <input type="checkbox"/> Children & Youth Program <input type="checkbox"/> Children's Camps <input type="checkbox"/> Community Garden & Food <input type="checkbox"/> Early Childhood Assistant <input type="checkbox"/> Event Planning & Operation	<input type="checkbox"/> Fundraising <input type="checkbox"/> General Help/Program Assistant <input type="checkbox"/> Graphic Design <input type="checkbox"/> Income Tax Clinic <input type="checkbox"/> Interpretation & Translation <input type="checkbox"/> IT/Computer Technical Support <input type="checkbox"/> Performance <input type="checkbox"/> Photograph	<input type="checkbox"/> Receptionist <input type="checkbox"/> Workshop Facilitator <input type="checkbox"/> Seniors Program <input type="checkbox"/> Tutoring <input type="checkbox"/> Outreach Activity Assistant <input type="checkbox"/> Youth/Women/Seniors Council <input type="checkbox"/> Other (Please Specify): _____
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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

18. Past or Present Occupation: _____

19. Skills/Abilities/Hobbies: _____

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: _____

For Office Use Only:

Staff: _____

Registration Date: _____

Unit: _____

Initial Assigned Duties: _____