



VOLUNTEER APPLICATION FORM

Please attach a copy of your resume to your application, if possible

FOR OFFICE USE ONLY

Date File opened: _____ Date interviewed: _____

Date Criminal Records Check received: _____ Date References checked: _____

Welcome Letter: _____ Date Orientation Training attended: _____

Date File closed: _____

Please check all the volunteer opportunities you are interested in.

Social Events and Outreach Support

LINC (*Language Instruction for Newcomers to Canada*)

Administrative Support

LARC (*LINC Assistance and Readiness Class*)

Read-Y for Life Program

Intergeneration Cooking Program (*For 55+ yrs*)

Income Tax Clinic
(*once a year in March/April*)

Better At Home (*Help Seniors as Companions, Volunteer Drivers, Lighthouse keeping and yardwork.*)

Fieldtrip Support

YIP (*Youth Integration Program*)

Community Kitchen

RISE (*Refugee and Immigrant Specialized Experience Program*)

Community Garden

Facilities Maintenance and Gardener

Daycare
(*need to be at least 2+yrs in Canada*)

English Conversation Circle Assistant

Personal Information

Last Name: _____ First Name: _____ Male/Female: _____

Date of Birth: _____ Age: _____ UCI # (For non-Citizens only): _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Email: _____

Home phone: _____ Cell Phone: _____

Emergency Contact:

Name: _____ Relationship: _____ Phone: _____



General Information

Citizen or PR Name of Settlement Worker _____

Country of Origin: _____ How long have you lived in Canada? _____

Languages

Mother tongue: _____ Other languages: _____

Education: _____

English Level: Level 1 Level 2 Level 3 Level 4 Level 5 Fluent

Employment Status: Full Time Part Time Seasonal Work Unemployed Other: _____

Current Work or Profession or Former Work or Profession (in Canada/home country):

Organization: _____ Job title: _____

Recent Volunteer Experience:

Organization: _____ Job title: _____

How did you find out about the volunteer opportunity?

Internet Flyer Friend/Acquaintance Referred by: _____ Other: _____

References

Please list three references **who are not family related**.

Name	Relationship <i>(example: friend, supervisor)</i>	Daytime Phone #	E-mail

* Please ensure the above references can be reached easily.

Please submit completed form to volunteer@dcrs.ca

If you have any questions or concern, contact volunteer@dcrs.ca