



## TCCSA VOLUNTEER APPLICATION FORM:

Personal Information:						
Last Name:	First Name:			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Chinese Name:			Date of Birth (Month/ Date/ Year) :			
Address:		City:		Postal Code:		
Home Phone:		Business/Cell Phone:				
Email Address:						
Background Information (For internal statistical purposes only):						
Current Occupation:			Previous Occupation:			
<input type="checkbox"/> Welfare Recipient						
Status in Canada (Check the appropriate category):						
<input type="checkbox"/> Citizen		<input type="checkbox"/> Immigrant		<input type="checkbox"/> Visitor		
<input type="checkbox"/> Visa Student		<input type="checkbox"/> Refugee				
Education:						
<input type="checkbox"/> Secondary		<input type="checkbox"/> College/University				
Grade/Year: _____		School: _____				
Others (Please Specify):						
Language Skills:						
<input type="checkbox"/> English		<input type="checkbox"/> Cantonese		<input type="checkbox"/> Mandarin		
<input type="checkbox"/> Others (Please Specify):						
How did you hear about TCCSA's volunteer program?						
<input type="checkbox"/> Newspaper		<input type="checkbox"/> Radio/TV		<input type="checkbox"/> Brochure		
<input type="checkbox"/> Internet		<input type="checkbox"/> School		<input type="checkbox"/> Friends		
<input type="checkbox"/> Others (Please Specify):						
Why are you interested in becoming a volunteer?						
<input type="checkbox"/> Additional Spare Time			<input type="checkbox"/> Community Involvement Requirement			
<input type="checkbox"/> Desire to Help Others			<input type="checkbox"/> Work Experience			
<input type="checkbox"/> Others (Please Specify):						
Time available: (At least 4.5 hours per week preferred)						
Day	Mon	Tue	Wed	Thu	Fri	Sat
Time	-	-	-	-	-	-



**Skills & Experiences:**

Skills (e.g. Computer, typing, design, etc.):

Employment History:

Volunteer Experience:

Volunteer Services Preferred:

<input type="checkbox"/> Clerical/Office Services	<input type="checkbox"/> Graphic Design & Artwork
<input type="checkbox"/> Promotion & Publicity	<input type="checkbox"/> Public Education Services
<input type="checkbox"/> Services for Seniors	<input type="checkbox"/> Information Counselling Services
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Reception Service
<input type="checkbox"/> Translation/Interpretation	<input type="checkbox"/> Children/Youth Services
<input type="checkbox"/> Others (Please Specify)	

**References:**

Name:	Relationship	Phone:
-------	--------------	--------

Name:	Relationship	Phone:
-------	--------------	--------

**Applicant's Signature:**

**I hereby declare that the information on this application is true and complete. I realize that my personal information is governed by the *Privacy Act* and will only be used where authorized by TCCSA. In making this application, I give permission to TCCSA to contact my references to ascertain my suitability as a volunteer.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Emergency Contact:**

Name:	Relationship	Phone:
-------	--------------	--------

Parents/Guardian Signature (if applicant is under 16 years of age)	Date:
--	-------

**For Office Use Only:**

Remarks:

Staff I/C:	Date:
------------	-------