

Volunteer Application Form

Personal & Contact Information <i>(Please print)</i>						
First Name:		Name you go by:				
Last Name:						
Address:						
City:		Postal Code:				
Phone Number: <i>(Cell)</i>		Phone Number: <i>(Home)</i>				
Email Address:						
Date of Birth <i>(Optional)</i>						
Age Group:	<input type="checkbox"/> 14 -18	<input type="checkbox"/> 18-25	<input type="checkbox"/> 26-40	<input type="checkbox"/> 41-55	<input type="checkbox"/> 56-64	<input type="checkbox"/> over 65
Pronouns: <i>(Optional)</i>			Gender: <i>(Optional)</i>			
Have you used CCS services before?			<input type="checkbox"/> Yes, details:			
			<input type="checkbox"/> No			
Emergency Contact Information						
First Name:		Last Name:				
Phone Number:		Relationship:				
Volunteer Experience						
Name of Organization	Role/Responsibilities		From (mm/yy) – To (mm/yy)			
Work Experience						
Name of Organization	Role/Responsivities		From (mm/yy) – To (mm/yy)			
Education						
Highest level of education:						
Are you currently working? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, area of work:	Are you currently a student? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> If yes, area of study:			
Language(s)						
Reason for Volunteering						
<input type="checkbox"/> Desire to give back to the community and help others		<input type="checkbox"/> Mandatory school requirement				
<input type="checkbox"/> Gain work-related experience		<input type="checkbox"/> Other:				
Please indicate the area(s) in which you would like to volunteer. We use this information to match you with our volunteer opportunities. Please note that not all of these areas have opportunities at the moment.						
<input type="checkbox"/> Settlement Services <input type="checkbox"/> English Classes <input type="checkbox"/> Settlement Workers in Schools (SWIS) <input type="checkbox"/> Employment Support			<input type="checkbox"/> Women Support Services <input type="checkbox"/> Refugee Sponsorship Training <input type="checkbox"/> Local Immigration Partnership <input type="checkbox"/> Child Minding			

Location(s)						
Scarborough Locations <input type="checkbox"/> CCS Head Office <i>(55 Town Centre Court, Suite 401)</i> <input type="checkbox"/> Markham LINC <i>(1200 Markham Road, Suite 503)</i> <input type="checkbox"/> Birchmount LINC <i>(2206 Eglinton Avenue East, Suite 124)</i> <input type="checkbox"/> SIP <i>(3227 Eglinton Avenue East, Unit 135)</i>		Peel Region Brampton Office <input type="checkbox"/> Settlement <i>(164 Queen Street East, Suite 306)</i> Mississauga Locations <input type="checkbox"/> Main Office <i>(3660 Hurontario Street, 7th Floor)</i> <input type="checkbox"/> LINC <i>(4557 Hurontario Street, Unit B11)</i> <input type="checkbox"/> LINC <i>(1477 Mississauga Valley Boulevard)</i>				
Availability	Monday	Tuesday	Wednesday	Thursday	Friday	Weekends
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential Start Date:						
Commitment Time	3 months <input type="checkbox"/>	6 months <input type="checkbox"/>	1 year or more <input type="checkbox"/>	Seasonal <input type="checkbox"/>	School Term(s) <input type="checkbox"/>	
Medical Conditions and/or Allergies?						
Relevant Skills or Experience						
How Did You Hear About us?	<input type="checkbox"/> A CCS Location <input type="checkbox"/> Other Community Agencies		<input type="checkbox"/> Family/Friend <input type="checkbox"/> Social Media/CCS Website		<input type="checkbox"/> Other (specify):	
Privacy <i>(Read carefully before signing)</i>						
<p>CCS is committed to respecting your privacy and adheres to all legal and legislative privacy requirements in doing so. Volunteer positions are based on availability. Volunteers are placed according to their interests, skills, suitability, and the needs of the agency. Positions are offered contingent upon the satisfactory results of applicable reference checks, including a criminal reference check. By signing below, I confirm that the information provided on this application is accurate to the best of my knowledge. I understand that false or incomplete information on this application form may disqualify me from volunteering, or result in my dismissal.</p>						
Signature of Volunteer <i>(or guardian if volunteer is under 18 years of age):</i>			Date:			

Applicants will be contacted by e-mail within 10 business days.

Please return a completed application form to: *Volunteer Coordinator – Catholic Crosscultural Services*
 (Phone: 416-757-7010 ext. 2231 | Fax: 416-757- 7399, Email: sthillainathan@ccscan.ca. For more information, or to access an online application form, please visit our website: <http://cathcrosscultural.org/>.