

COMMUNITY CONNECTIONS **VOLUNTEER APPLICATION FORM**

COMMUNITY **DEVELOPMENT** **COUNCIL** **DURHAM**

458 Fairall St., Unit 4
Ajax, Ontario, L1S 1R6

Tel: (905) 686-2661
Fax: (905) 686-4157



PART 1: NAME & ADDRESS

Last Name: _____ First name _____

Address: _____ Apt No. _____

City: _____ Postal Code: _____ Intersection: _____

Telephone: Home _____ Work: _____ E-mail: _____

PART 2: OTHER PARTICIPANTS

Will anyone else be participating in the program with you? Yes () No ()
If yes, please indicate:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____

PART 3: DRIVING INFORMATION

Do you have a driver's license? Yes ----- No -----

Do you have access to a car? Yes ----- No -----

PART 4: DEMOGRAPHIC INFORMATION

We are continuously trying to learn more about our volunteers, as this information will help us better plan our marketing strategies and ongoing volunteer training. It will also help us in planning suitable 'activities keeping in mind the educational background, profession, interests, etc. of the participants. We would appreciate your cooperation in responding to the following questions:

Date of birth: (D) ----- (M) ----- (Y) ----- Sex: Male () Female ()

Status: Married () Common Law () Single Parent () Single/No children ()

Other: _____

Employment status:

Full-time employment (); Part-time employment (); Seeking employment (); Retired (); Other: _____

Current/Previous Occupation _____ Name of Workplace _____

Education: Elementary School () Secondary School () Community College/Technical Institute ()
University () Post Graduate () No Formal Education () Other _____

Mother Tongue _____

Other Languages 1) _____ 2) _____ 3) _____

Areas of Expertise/Skills _____

Interests/Hobbies/Sports: _____

As we know, Canadians are a diverse group, coming from many ethnic, racial, religious and linguistic backgrounds. As the Community Development Council Durham introduces newcomers to Canada and Canadians, it is important that our volunteers reflect this diversity. Answering the following questions will help us make sure that this happens.

Are you a Canadian Citizen? Yes () No ()

If no, then what is your status? _____

Were you born in Canada? Yes () No ()

If no, what is your country of origin? _____ Year of arrival _____

Were your parents immigrants? No () Yes () -- If yes, please specify where from:

Asia () Africa () Middle East () US () Caribbean () L. America () S. America () E. Europe ()

Others: _____

PART 5: RECRUITMENT TYPE

How did you learn about the Settlement Services?

Newspaper () TV () Radio () Community Centre () Volunteer Centre () Friend () Religious Institution () Poster () Other: _____

What motivated you in becoming a Volunteer for the Settlement Services at the Social Development Council?

Practising a new language () Interest in other cultures () Helping people () Making new friends () Sharing my immigrant overseas experience () Other: _____

Where in Durham Region would you prefer to become involved in group activities?

First choice ----- Second Choice ----- Third choice -----

PART 6 : VOLUNTEER EXPERIENCE

Have you volunteered previously? Yes () No () If yes, please specify:

	<u>Organization</u>	<u>Type of work</u>	<u>From</u>	<u>To</u>
1)	-----	-----	-----	-----
2)	-----	-----	-----	-----

In addition to being involved in our program, would you be interested in volunteering for: Special Events Planning () Translation/Interpretation () Committees () Office Support () Training () Others

(Specify) -----

PART 7: REFERENCES:

1) Please get a Police check done and attach the Police certificate (report)

2) Please provide us with two references who ARE NOT family members:

a) Name ----- Occupation -----
 Address ----- Apt # -----
 City ----- Postal Code -----
 Telephone: Home ----- Work -----

b) Name ----- Occupation -----
 Address ----- Apt # -----
 City ----- Postal Code -----
 Telephone: Home ----- Work -----

I approve of you contacting the above references

Signature

FOR OFFICE USE ONLY

Date Interviewed _____ Date Oriented _____

Volunteer's:
Gender _____
Age _____
Languages:

Action Taken:

Type of activity Volunteer is willing to participate in -----
Pending [] Directed to another agency []
Other -----

Staff signature: -----

References checked by ----- Date: -----

Reference 1 ----- Reference 2 -----

Notes on interview/references: -----

Staff signature: ----- Date: -----

COMMUNITY
DEVELOPMENT
COUNCIL
DURHAM

SETTLEMENT SERVICES VOLUNTEER CONTRACT

As a Volunteer with the Settlement Services I understand that the Newcomers-Volunteer relationship should be based on mutual understanding, equal partnership, and shared participation in activities.

As a Volunteer with the Settlement Services I agree to undertake the following responsibilities:

1. *I will maintain a commitment to the program for one year.*
2. *I will attend one orientation session (about two hours) prior to being involved in any activities with Newcomers.*
3. *I will contact the Settlement Worker to discuss new ideas before implementing changes into ongoing activities.*
4. *I will communicate with the Settlement Worker at least monthly, to update on pending group activities.*
5. *I will not use my involvement in the group activities to promote any religious or political beliefs that I may hold. Nor will I use possible relationship for any personal or financial gains.*
6. *I will, at all times, respect the privacy of the individual or the family with whom I will be interacting during program activities. I will treat any information shared with me by the Newcomer/Newcomers with confidence, and not disclose such information without due authority.*
7. *I understand that the Settlement Program is not liable for any injury, mishap or damage that may occur in the course of carrying out my volunteer responsibilities for this program.*
8. *As a participant of the Community Development Council Durham, I will comply with the Ontario Human Rights Code, and the laws of Canada.*

SIGNATURE: _____

NAME (Please Print): _____

DATE: _____

COMMUNITY DEVELOPMENT COUNCIL
DURHAM

***VOLUNTEER CONSENT TO EXCHANGE/RELEASE
INFORMATION FORM***

I _____

(Print full name)

Of _____

(Print full address)

do hereby authorize the Community Development Council Durham and/or Citizenship and Immigration Canada to share the following information:

- a) My name*
- b) Address*
- c) Telephone Number*
- d) Photos, Videos*

for the purpose of:

- a) Program evaluation of Settlement Services;*
- b) Planning settlement services;*
- c) Measuring program activity;*

Signature

Witness

At (city): _____ *on (date)* _____