

# **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 -----

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**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 Vulnerable Sector Police Clearance certificate (report)

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

a) Name ----- Occupation -----  
 Address ----- Apt # -----  
 City ----- Postal Code -----  
 Telephone: -----E-mail:-----

b) Name ----- Occupation -----  
 Address ----- Apt # -----  
 City ----- Postal Code -----  
 Telephone: -----E-mail:-----

I approve of you contacting the above references

\_\_\_\_\_  
Signature