

TCCSA VOLUNTEER APPLICATION FORM



Personal Information:		
Last Name:	Given Name (Official):	Gender:
Other Name (English Name, Preferred Name, etc.):		Date of Birth (Month/Day/ Year): mm / dd / yyyy
Address:	City:	Postal Code:
Home Phone:	Cell Phone:	
Email Address:	Medical Coverage: <input type="checkbox"/> OHIP <input type="checkbox"/> Private Medical Insurance	
Background Information (For internal statistical purposes only:		
Status in Canada (Check the appropriate category): <input type="checkbox"/> Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Refugee <input type="checkbox"/> Others (Please Specify): _____		
Years in Canada: <input type="checkbox"/> Less Than 1 Year <input type="checkbox"/> 1 to 3 Years <input type="checkbox"/> 3 to Under 5 Years <input type="checkbox"/> 5 to Under 10 Years <input type="checkbox"/> 10 years and more		
Highest Education: <input type="checkbox"/> Elementary School <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> University/Postgraduate <input type="checkbox"/> Others (Please Specify): _____		
Place of Origin: <input type="checkbox"/> Canada <input type="checkbox"/> Others (Please Specify): _____		
Language Skills: <input type="checkbox"/> English <input type="checkbox"/> French <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?		
Preference of Service Location: <input type="checkbox"/> Peel Centre <input type="checkbox"/> Scarborough Centre <input type="checkbox"/> Toronto Centre <input type="checkbox"/> York Centre		
Time Availability: <input type="checkbox"/> Weekday (Please Specify): _____ <input type="checkbox"/> Saturday <input type="checkbox"/> Summer Break <input type="checkbox"/> School Holidays <input type="checkbox"/> March Break		

Skills & Experiences :

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

Past or Current Occupation:

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"/> Workshop Assistant |
| <input type="checkbox"/> Services for Seniors | <input type="checkbox"/> Information and Referral Services |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Reception Service |
| <input type="checkbox"/> Translation/Interpretation | <input type="checkbox"/> Children/Youth Services |
| <input type="checkbox"/> Information Booth | <input type="checkbox"/> Exhibition & Display Production |
| <input type="checkbox"/> Others (Please Specify) | <input type="checkbox"/> After School Program |

References:

Name :	Relationship	Phone :
Name :	Relationship	Phone :

Applicant's Signature:

I hereby declare that the information on this application is true and complete, and I agree to update TCCSA if any information has changed. 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:

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