



**THE CALGARY CHINESE ELDERLY CITIZENS' ASSOCIATION
VOLUNTEER REGISTRATION FORM**

No. _____

Name: Mr. / Mrs. / Ms. _____ Chinese Name: _____

Address: _____ Postal Code: _____

Phone: _____ (Home) _____ (Cell) _____ (Work)

Email: _____ Age Range: under 18 18-49 50-65 over 65

General Information:

Are you Canadian Permanent Resident? yes no

Language spoken: _____

Health restriction/medication/allergies: _____

Previous volunteer experience: _____

Special training or applicable education: _____

Personal hobbies or interests: _____

Volunteer Opportunities:

Office Work _____ Outreach service _____

Health service _____ Educational program _____

Recreational program _____ Others _____

Are you willing to use your car for volunteering? yes no

What volunteer commitment can you make? _____ hours/week Length of commitment: _____

Time available (please indicate as much as you can):

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
AM							
PM							

Emergency contact:

Name: _____ Phone: _____ Relationship: _____

References: Name Phone Relationship Years known

(1) _____

(2) _____

I give my permission to contact the above references in regard to my application to volunteer. In applying to participate as the volunteer of Calgary Chinese Elderly Citizens' Association, I consent to have a Security Check through the City of Calgary Police service. As a volunteer I have agreed to treat all client information as confidential.

Volunteer signature: _____ **Date:** _____