



Central Ontario Chinese Cultural Centre Volunteer Application Form

100 Campbell Avenue Unit 9, Kitchener, Ontario N2H 4X8
(519) 576-6168
www.coccc.net

The information on this form is strictly confidential and will only be shared with the Volunteer Services Department and any potential Volunteer Supervisor.

Please help us to determine how to make the best use of your skills by filling out the questionnaire below. Please return the completed application form to the Volunteer Coordinator.

1. GENERAL INFORMATION

Last Name: _____ First Name: _____

Gender: Male Female

Age: _____ Date of Birth: _____
(Month/Date) (Year)

Contact Information

Telephone: _____
(Home) (Work) (Cell)

Address: _____
Street Unit #
City Province Postal Code

E-mail address: _____

Emergency Contact Information (Name of person to be notified in case of emergency)

First Name: _____ Last Name: _____ Relationship: _____

Telephone: _____
(Home) (Business) (Cell)

Is there any health/medical or other concerns we need to know to ensure your safety?

No Yes if yes, please specify: _____

Which languages do you speak?

Primary _____ 2nd _____ 3rd _____

*****For those who can speak Chinese, please specify **Cantonese** or **Mandarin*******

Can you type Chinese? Yes No

Have you ever been convicted of a criminal offense? No Yes

May we include your name and address in our mailing list to send you updates and news?
 Yes No

2. EDUCATION& EMPLOYMENT

Education Level: University College High School Others

Highest grade or level completed: _____

Name of program: _____ Length of program _____

What skills and abilities will you bring to COCCC?

(Ex. Data Entry / Filing, Nursing, PSW, Accounting, Translating, Customer Service, Excel, Word, PowerPoint, Fundraising, Marketing, Driving (Reliable Vehicle)). Please specify.

Employment History

Title	Company	Period	Job Nature

Volunteer/Student Placement Experience

Organization	Position	Period	Job Nature

Hobbies & Interests

What are your hobbies and interests? _____

3. VOLUNTEERING PRERENCES

Is there a particular time or type of volunteer position in which you are interested? (Please check all that apply)

Event Emcee	Event Set-up	Program Coordinator	Dragon Dancer	Transportation
Event Greeter	Event Photographer	Event Planner	Lion Dancer	Translator
Food Services	Event Audio control	Newsletter Editor	Other (Please specify)	

Days & Time Available

Please indicate which days and time you are available:

Mon Tue Wed Thurs Fri Sat Sun

I hereby certify that all information included in this application form is true and complete.

***Signature:** _____ **Date:** _____

4. Volunteer Contract

I agree to serve as a volunteer and commit to the following:

1. To perform my volunteer duties so that I meet the service expectation and standards of COCCC's.
2. To refrain from conflicts of interest, or any personal or financial gain.
3. To meet time and duty commitment, or to provide adequate notice so that alternate arrangements can be made.
4. To indicate respect for all clients, volunteers and staff in both word and deed.
5. To fulfill my responsibilities while always ensuring the safety of clients, volunteers and staff.
6. To act at all times as a member of the team responsible for accomplishing the mission of the agency.
7. To understand and abide by the volunteer policy guidelines.
8. To return my placement name tag before I resign.
9. To give a minimum of 2 weeks notice before I resign.
10. To Keep confidential all information; verbal, written or computerized; which I may hear directly concerning clients, residents, staff members or volunteers.

Signature

Date

