



Newcomer Family Resource Network

Date: _____

Volunteer Application Form

Name: _____
First Last

Address: _____
Street City/Province Postal Code

Phone: _____ Email: _____

Languages Spoken: _____

Home Country: _____

Volunteer Interest

- Child Care
 - Office/admin
 - Fundraising
 - Family Programs
 - Special Events
 - EAL classroom volunteer
 - Other
- _____
- _____

How did you hear about Mosaic? _____

Have you been involved with Mosaic before?

No Yes _____
(Example: EAL, Family Programs, etc)

Check what you have:

- Childcare Assistant Certificate
- First Aid and CPR Training
- Criminal Record Check
- Child Abuse Registry

Availability _____
(Days, Time, How often)

Location Preferences

- Close to your house
- Willing to travel

The personal information entered into this registration form by prospective volunteers will be accessed by persons responsible for administering volunteer programs within Mosaic – Newcomer Family Resource Network. It will be used only for the purposes of recruiting, selecting, and placing volunteers.

Notes:

Office Use Only

- Criminal Record Check
- Child Abuse Registry
- Resume

Last update: January 2014