

Volunteer Application Form

Name: _____
First Last

Address: _____
Street City/Province Postal Code

Phone: _____ Email: _____

Languages Spoken: _____

Home Country: _____

Volunteer Interest

- Child Care Other
- Family Programs _____
- ESL classroom volunteer _____

How did you hear about Mosaic? _____

Have you been involved with Mosaic before?

- No Yes _____
(Example: ESL, Family Programs, etc)

Check what you have:

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

Availability

Day(s)	Morning	Afternoon
Mon.		
Tue.		
Wed.		
Thurs.		
Fri.		

Location Preferences

- 397 Carlton St.
- 465 Stafford St.
- 1771 Pembina Hwy.
- 828 Silverstone Ave.

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**
