

ESL Classroom / Childcare Volunteer Application Form

Name: _____
First Last

Address: _____
Street City Postal Code

Phone: _____ Email: _____

Languages Spoken: _____

Home Country: _____

Volunteer Interest

- Child Care 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

Location Preferences

- Carlton-** 397 Carlton St. (M, T, Th, F)
 Knox- 406 Edmonton St. (M, T, Th, F)
 Bethel- 465 Stafford St. (M, T, W, F - mornings only)
 Fort Garry- 1771 Pembina Hwy. (M, T, W, Th)
 Immanuel- 828 Silverstone Ave. (M, T, W, Th - mornings only)

Availability

Day(s)	Morning	Afternoon
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

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

Notes:	Office Use Only