

## MCC Volunteer Application

### General Information

Please check Mr.  Mrs.  Ms.  Miss  Dr.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

### Emergency Contact Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship \_\_\_\_\_

Contact Phone \_\_\_\_\_

### Present Status

Canadian <input type="checkbox"/>	Permanent Resident <input type="checkbox"/>	Convention Refugee <input type="checkbox"/>
Refugee Claimant <input type="checkbox"/>	Temporary Permit <input type="checkbox"/>	Minister's Permit <input type="checkbox"/>
Visitor <input type="checkbox"/>	International Student <input type="checkbox"/>	
Other _____		

### Employment Status

Employed Full-time <input type="checkbox"/>	Employed Part-time <input type="checkbox"/>	Other <input type="checkbox"/>
Unemployed <input type="checkbox"/>	Retired <input type="checkbox"/>	
Student – Full-time <input type="checkbox"/>	Student – Part-time <input type="checkbox"/>	
Comments _____		

### Education (circle)

Elementary School <input type="checkbox"/>	Secondary School <input type="checkbox"/>	College <input type="checkbox"/>
Formal Trade <input type="checkbox"/>	Some University <input type="checkbox"/>	Bachelor's Degree <input type="checkbox"/>
Master's Degree <input type="checkbox"/>	Doctorate Degree <input type="checkbox"/>	
Other _____		

### Languages (1= LOW, 4=HIGH)

English: Verbal Fluency 1 2 3 4 Written Fluency 1 2 3 4

Additional languages:

_____	Verbal Fluency 1 2 3 4	Written Fluency 1 2 3 4
_____	Verbal Fluency 1 2 3 4	Written Fluency 1 2 3 4
_____	Verbal Fluency 1 2 3 4	Written Fluency 1 2 3 4

### Skill Sets

Data Entry  Working with Youth  Event Support

Website Development  Office Administration  Client Service

IT Support  Working with Children  Mentoring

Additional \_\_\_\_\_

### Previous Volunteer Involvement

Have you volunteered previously with any other organization? YES [ ] NO [ ]  
If yes, please specify.

Organization	Type of Work	Date
_____	_____	_____

### Availability

Days and times      Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_  
Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Weekend \_\_\_\_\_

Notes \_\_\_\_\_  
\_\_\_\_\_

Do you have access to a vehicle?      Yes      No

### References

Please provide two references who are not family members.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

### How did you hear about the MCC?

Website [ ]      Information Session [ ]      Referral [ ]

Poster [ ]      Information Booth [ ]      Social Media [ ]

Community Event [ ]      Word of mouth [ ]      Advertisement [ ]

Other \_\_\_\_\_

### Documents

Please attach a copy of your resume to your application.

Resume attached? YES [ ] NO [ ]

Please note: If selected, a Level 3 police clearance will be required. Additional documentation may be requested after submission of application.

### Declaration and Authorization for Collection of Information

I, \_\_\_\_\_, hereby declare that the above information about me is true and complete to the best of my knowledge. I understand that a false statement may disqualify me from further consideration as a volunteer, or result in dismissal. I authorize the Multicultural Council of Windsor and Essex county to collect personal information appropriate to the position applied for concerning my academic background and employment/volunteering history, and to verify the character references I have supplied. I understand that the information obtained will be confidential but may be shared with relevant organizations in order to obtain an appropriate volunteer position.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Office Use Only

_____	Date	Rec'd by
_____		