



# CENTRO PARA GENTE DE HABLA HISPANA CENTRE FOR SPANISH-SPEAKING PEOPLES

2141 JANE STREET, 2<sup>nd</sup> Floor, Toronto ON M3M 1A2  
TELEPHONE: (416) 533-8545 FAX: (416) 533-5731

## Volunteer Application Form

Personal Information	
Last Name _____	First Name _____
Address _____	Apt./Unit _____
City _____	Province _____ Postal Code _____
E-mail _____	Tel: _____
Have you ever used services or programs at the Centre for Spanish Speaking Peoples?	
No <input type="checkbox"/>	Yes <input type="checkbox"/> Describe _____
Languages Spoken:	
Languages Written:	
Newcomer to Canada? Yes / No When? _____	
Work and Education History (Please include your resume if available)	
<b>Are you currently employed?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Part-time <input type="checkbox"/> Full Time	
If yes, where: _____	
<b>Are you currently a student?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Part-time <input type="checkbox"/> Full Time	
Name of School _____ Grade Level/Degree _____	
<b>Previous Education:</b>	
What is the highest grade/level/degree you attained? _____	
Skills/Interests (Please list any skills, interests, qualifications which you feel are relevant)	
Volunteering Experience	
Have you had previous volunteer experience? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, where _____	
Reasons For Volunteering	
<input type="checkbox"/> Gain work-related experience	<input type="checkbox"/> Interest in community involvement
<input type="checkbox"/> Mandatory community service	<input type="checkbox"/> School requirement
<input type="checkbox"/> Desire to help others	<input type="checkbox"/> Other, please specify



**Program Selection**

**Please mark with an X the type of volunteer involvement you are interested in:**

- ( ) Board of Directors
- ( ) Fundraising events
- ( ) Senior's Program
- ( ) Legal clinic \*
- ( ) Translation of documents
- ( ) Special events
- ( ) Settlement Program
- ( ) Interpreting
- ( ) Maintenance
- ( ) HIV/AIDS Program
- ( ) Administrative support
- ( ) Women's program
- ( ) Food Bank

\* Will be referred to the clinic

**Please explain why you choose this program? Why do you wish to volunteer at the Centre?**

**Please check the days and fill in times you are available to volunteer.**

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

**References**

**Applicants must provide names of two (2) references.**

Name \_\_\_\_\_ Email# \_\_\_\_\_

Name \_\_\_\_\_ Email # \_\_\_\_\_

**For your safety and that of our clients we need to know if you have been charged and/or convicted for any criminal offence (s)? If yes please explain.**

**Applicants under 16 years of age require parent's consent.**

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Consent - Parent's Signature

\_\_\_\_\_  
Date