



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

2141 JANE STREET, 2nd 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: _____	
I speak:		
<input type="checkbox"/> Spanish	<input type="checkbox"/> English	<input type="checkbox"/> Other, please specify: _____
*In case of an emergency, as a CSSP volunteer, whom should we contact?		
Name: _____	Relationship: _____	
Tel: _____		
Work and Education History (Please include your resume if available)		
Are you currently employed? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Part-time <input type="checkbox"/> Full Time		
If yes, where: _____		
Are you currently a student? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Part-time <input type="checkbox"/> Full Time		
Name of School _____	Grade Level/Degree _____	
Previous Education:		
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? Yes No

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***I will be committed for:***

- 6 months 6 months to 1 year 1 year or more

I would like to volunteer for: (please choose all that apply)

- | | | |
|---------------------------------|---------------------------|-------------------------|
| () Language Training | () Fundraising | () Administration |
| () Legal Clinic | () Translation Services | () Special Events |
| () Settlement Program | () Interpreting Services | () Facility Management |
| () HIV/AIDS Prevention Program | () Food Bank | () VAW program |

I want to volunteer because:***I would be available (days/hours):***

<input type="checkbox"/> Monday	<input type="checkbox"/> morning 9-1pm	<input type="checkbox"/> afternoon 2 to 5pm	<input type="checkbox"/> evening
<input type="checkbox"/> Tuesday	<input type="checkbox"/> morning 9-1pm	<input type="checkbox"/> afternoon 2 to 5pm	<input type="checkbox"/> evening
<input type="checkbox"/> Wednesday	<input type="checkbox"/> morning 9-1pm	<input type="checkbox"/> afternoon 2 to 5pm	<input type="checkbox"/> evening
<input type="checkbox"/> Thursday	<input type="checkbox"/> morning 9-1pm	<input type="checkbox"/> afternoon 2 to 5pm	<input type="checkbox"/> evening
<input type="checkbox"/> Friday	<input type="checkbox"/> morning 9-1pm	<input type="checkbox"/> afternoon 2 to 5pm	<input type="checkbox"/> evening
<input type="checkbox"/> Weekends	(For special events)		

References

Applicants must provide the 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