



THE CALGARY CHINESE ELDERLY CITIZENS' ASSOCIATION
VOLUNTEER APPLICATION FORM
卡城華人耆英會義工申請表

義工編號
Volunteer No. _____

English Name: Mr. / Mrs. / Ms. _____ Chinese Name: _____
英文名字 中文名字
Address: _____ Postal Code: _____
住址 郵編
Phone: (Home) _____ (Cell) _____ (Work) _____
電話: (家庭) (手機) (工作)
*Email: _____ Age Range: 16-21 22-35 36-49 50-65 over 65
電子郵件 年齡範圍

基本資料 General Information:

Are you Canadian Permanent Resident? Yes No
請問您是加拿大永久居民嗎? 是 否
Language spoken: English Mandarin Cantonese Other: _____
語言: 英語 國語 粵語 其他
Health restriction/medication/allergies: _____
健康問題/藥物/過敏病史
Previous volunteer experience: _____
過往義工經驗
Educational level: High school University Post graduation other: _____
教育程度 高中 大學 研究生 其他
Special training or applicable education: _____
專業培訓或其他教育經歷
Personal hobbies or interests: _____
個人興趣及愛好

義工機會 Volunteer Opportunities:

- | | | |
|---|--|--|
| <input type="checkbox"/> Front Desk (Way-In Department)
前台接待 (一路通部門, 原外展部) | <input type="checkbox"/> Office Support
文書支援 | <input type="checkbox"/> Medical Interpreter Service
醫療翻譯 |
| <input type="checkbox"/> Special Event
特別活動 | <input type="checkbox"/> Support Group
關懷小組 | <input type="checkbox"/> Photography
攝影 |
| <input type="checkbox"/> Tax Clinic
社區義工報稅計劃 | <input type="checkbox"/> Visiting Program
關顧耆英探訪計劃 | <input type="checkbox"/> Program Support
活動/項目支援 |
| <input type="checkbox"/> Sound System
音響設備 | <input type="checkbox"/> Interest Group
興趣小組 | <input type="checkbox"/> Document Translation
文件翻譯 |
| <input type="checkbox"/> Repairs & Maintenance
維修及維護 | <input type="checkbox"/> Collective Kitchen
廚藝小組 | <input type="checkbox"/> Civic Engagement Group
公民權益服務小組 |
| <input type="checkbox"/> Other 其他 _____ | <input type="checkbox"/> Wellness Centre/Health Program
保健中心/醫療健康項目 | |

What volunteer commitment can you make? _____ hours/week Length of commitment: _____
你願意承諾的義工服務時間 小時/每週 服務時長

Availability (Preferred time): Weekdays: _____ Weekends: _____
能參與義工時段 工作日 週末

緊急聯絡人 Emergency contact person:

Name: _____ Phone: _____ Relationship: _____
姓名 電話 關係

References (please provide at least one reference, excluding family):

諮詢人 (請提供至少一個諮詢人, 非家庭成員):

Name 姓名	Phone 電話	Relationship 關係	Years known 認識多久	Comment 備註

授權確認書 Authorization and Acknowledgment

- I give my permission to contact the above references in regard to my application to Volunteer. 我同意貴會就本人的義工申請表聯繫以上諮詢人。
- I declare that the information provided in this application is true and complete. I understand that any false information provided may be cause for denial of a volunteer placement or dismissal after placement. 我聲明此表所填內容均屬實。我明白提供任何虛假信息有可能導致申請被拒或者免除義工職務。
- I consent to have Police Information Check by Calgary Police Service as required. 如有需要, 我同意於警局辦理本人的良民記錄證明。

Volunteer Signed: _____
義工簽名
Date: _____
日期

Witness: _____
證人
Date: _____
日期

OFFICE USE ONLY:

Date of application Received: _____

Interview Date: _____

Interviewer: _____

Orientation Date: _____ Position assigned: _____ Start date: _____

Checklist:

- Volunteer Manual Confidentiality Agreement
- Police Information Check Letter (not applicable)
- Name Tag (not applicable for special event)
- Emergency Procedure

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Resignation / Termination Date: _____

Reason: _____