



# 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"/> Board of Director*#<br>耆英會理事 | <input type="checkbox"/> Civic Engagement Group<br>公民權益服務小組    | <input type="checkbox"/> Collective Kitchen<br>廚藝小組                            | <input type="checkbox"/> Community Helper*#<br>社區同行大使 |
| <input type="checkbox"/> Cultural/ Education<br>文教    | <input type="checkbox"/> Fitness Room Ambassador*<br>健身室大使     | <input type="checkbox"/> Front Desk (Way-In Department)*<br>前台接待 (一路通部門, 原外展部) | <input type="checkbox"/> Health Program<br>醫療健康項目     |
| <input type="checkbox"/> Interest Class<br>興趣小組       | <input type="checkbox"/> Medical Interpretation*#<br>醫療翻譯      | <input type="checkbox"/> Office Support*<br>文書支援                               | <input type="checkbox"/> Program Support<br>活動支援      |
| <input type="checkbox"/> Special Event<br>特別活動        | <input type="checkbox"/> Special Need Support Group*<br>特別需要小組 | <input type="checkbox"/> Support Group*#<br>關懷小組                               | <input type="checkbox"/> Tax Clinic*<br>社區義工報稅計劃      |
| <input type="checkbox"/> Translation<br>文件翻譯          | <input type="checkbox"/> Visiting Program*#<br>關顧耆英探訪計劃        | <input type="checkbox"/> Wellness Centre*<br>保健中心                              | <input type="checkbox"/> Other<br>其他 _____            |

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: \_\_\_\_\_

能參與義工時段

工作日

Weekends: \_\_\_\_\_

週末

Remark: \* Police information check is required

# Reference Check is required

**緊急聯絡人 Emergency contact person:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
姓名 電話 關係

**諮詢人 References: (please provide at least one reference, excluding family 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	Email 電郵
1.				
2.				

**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

Witness: \_\_\_\_\_  
證人

Date: \_\_\_\_\_  
日期

Date: \_\_\_\_\_  
日期

\*\*\*\*\*

**OFFICE USE ONLY:**

Date of application Received: \_\_\_\_\_

Interview Date: \_\_\_\_\_

Interviewer: \_\_\_\_\_

Orientation Date: \_\_\_\_\_ Position assigned: \_\_\_\_\_ Start date: \_\_\_\_\_

Checklist for volunteer orientation:

- Volunteer Manual provided
- Signed Confidentiality Agreement, waiver and release form
- Police Information Check Letter ( not applicable)
- Emergency Procedures provided
- Name Tag ( not applicable)

Resignation / Termination Date: \_\_\_\_\_

Reason: \_\_\_\_\_