



FCJ REFUGEE CENTRE

Walking with uprooted people

VOLUNTEER APPLICATION FORM

First Name: _____ Last Name _____
 Address: _____ City _____ Province: _____ Postal Code: _____
 Home Number: _____ Cell phone _____

Email address: _____

EMERGENCY CONTACT: Name: _____ Phone Number: _____

Languages: English Spanish Arabic Tigrinya Urdu
 French Somali Portuguese Other:

Have you worked with refugees before? Relevant experience:

How did you hear of the FCJ Refugee Centre? Word-of-mouth Work place Media Friend
 Special Event Other:

AREAS OF INTERESTS:

Translation Reception Communication Public education Legal Work
 Interpretation Database Website Fundraising Childcare
 English teacher File documents Public relations Data input Mentoring
 Social events Workshops Other:

EDUCATION / TRAINING (please check):

High School University / College Other:

Work experience: _____

Volunteer experience: _____

Please list any other relevant training, certification, experience, etc.:

Public Speaking | Group Facilitation | Project Management | Trainer | Volunteer Management
 Fundraising experience Other (please specify):

AVAILABILITY

Monday: Time: _____
 Tuesday: Time: _____
 Wednesday: Time: _____
 Thursday: Time: _____
 Friday: Time: _____

Date of volunteering: _____ Hours of volunteering per day: _____
Day-Month-Year

Notes:

We appreciate your interest in volunteering with FCJ Refugee Centre

CONFIDENTIALITY AGREEMENT

Confidential information includes those personal facts or conditions pertaining to a client which are communicated to FCJ REFUGEE CENTRE for purposes related to service being requested or received. It is the client's right that such information be respected and safeguarded by the agency and all of its personnel: Professional, administrative, clerical and volunteers. Information cannot be taken outside of the office, nor can staff, students, and volunteers use personal computers and USB keys to do work associated with the office.

Confidential information as described above cannot be released without the written consent of the client.

I hereby agree to abide by the above statement.

Name: _____ **Signature:** _____

Date: _____