

**THUNDER BAY COMMUNITY CONNECTIONS PROGRAM  
VOLUNTEER REGISTRATION FORM**

<b>For Program Use Only</b>		<b>ID Number</b> <input type="text"/> <input type="text"/> <input type="text"/>		
Interview Date: _____				
Reference Check Dates: 1. _____ 2. _____ 3. _____				
Criminal Check Date: _____ Understanding Date: _____				
Training Date: _____				
Matched with: _____		Date: _____	Completed: _____	SW: _____
Matched with: _____		Date: _____	Completed: _____	SW: _____
Matched with: _____		Date: _____	Completed: _____	SW: _____

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_  
**North Ward** \_\_\_\_\_ **Intercity** \_\_\_\_\_ **South Ward** \_\_\_\_\_ **Rural** \_\_\_\_\_

**Year of Birth:** \_\_\_\_\_

**Telephone:** Home \_\_\_\_\_ Work \_\_\_\_\_ Email \_\_\_\_\_

**Employment Status:** Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Retired \_\_\_\_\_ Student \_\_\_\_\_ Seeking Employment \_\_\_\_\_

**Present Occupation:** \_\_\_\_\_

**Education Level:** Elementary \_\_\_\_\_ Secondary \_\_\_\_\_ College/Technical (field of study) \_\_\_\_\_  
 University (field of study) \_\_\_\_\_ Post Graduate \_\_\_\_\_  
 No formal Education \_\_\_\_\_

**Languages Spoken:** (other than English) \_\_\_\_\_

**Family Composition:** Single \_\_\_\_\_ Married \_\_\_\_\_ Single Parent \_\_\_\_\_ Common Law \_\_\_\_\_  
 Widow/er \_\_\_\_\_ Other \_\_\_\_\_

**How do you spend your leisure time?** (special skills, training, hobbies, and interests) \_\_\_\_\_

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**Do you have any experience with volunteer programs?** \_\_\_\_\_

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**How did you learn about the Community Connections Program?** \_\_\_\_\_

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**PLEASE TURN OVER**

**Why have you chosen to become a Community Connections Volunteer?** (career, friendship, personal growth, meet people, help, learn about other cultures/own ancestry, develop another language, etc.)\_\_\_\_\_

**Do you have any special preferences about your match?** (i.e. age, gender, language, family composition, individual, specific culture, language level, religion, etc.): \_\_\_\_\_

**A commitment for at least six months from the date of your initial match is suggested.**  
**What length of time can you commit?** \_\_\_\_\_

**How much time can you devote to your match on a regular basis?**

Hours per week \_\_\_\_\_ Time of day \_\_\_\_\_  
Days of the week \_\_\_\_\_

**What is your main form of transportation?**

vehicle \_\_\_\_\_ bus \_\_\_\_\_ taxi \_\_\_\_\_

**Will anyone be joining you in being part of the Community Connections team?** (i.e. spouse, parent, friend, relative):

Name: _____	Date of Birth: _____	Relationship: _____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**What do you hope to gain from the experience?** \_\_\_\_\_

**Would you allow TBMA to recognize your contribution in public?** Yes \_\_\_ No \_\_\_

**Are you interested in assisting with TBMA fundraising/special events?** Yes \_\_\_ No \_\_\_

**REFERENCES** (From previous volunteer positions, employers, educational experiences, churches and/or faith organizations, family member, friend, of which **only one** may be a family member):

