

**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):

I authorize Thunder Bay Multicultural Association to contact the persons/organizations listed below for the purpose of obtaining reference information.  
I understand that a Criminal Records Search from the Thunder Bay Police Force is required as part of my screening.

1. Name: \_\_\_\_\_

Title: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone:       home \_\_\_\_\_                               work \_\_\_\_\_

2. Name: \_\_\_\_\_

Title: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone:       home \_\_\_\_\_                               work \_\_\_\_\_

3. Name: \_\_\_\_\_

Title: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone:       home \_\_\_\_\_                               work \_\_\_\_\_

Although all information will be kept confidential, it is necessary for some information to be shared with staff of TBMA, the Newcomer Participant, and Immigration Canada. Only pertinent information is disclosed to help ensure a good match, and meet funding requirements. I understand that an exchange of information is necessary and authorize TBMA to share this information.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Individuals who refuse to comply with the screening process may/will not be accepted as a volunteer. Personal information on this form collected will be used to determine eligibility for volunteer positions. Questions about this collection of personal information should be directed to the Community Connections coordinator.

**Thunder Bay Multicultural Association**  
**COMMUNITY CONNECTIONS PROGRAM**  
**17 N. Court Street**  
**Thunder Bay, ON P7A 4T4**  
**(807) 345 0551**