



孟嘗會 Mon Sheong Foundation

11199 Yonge Street, Richmond Hill, ON L4S 1L2 Tel: 905-883-9288 Fax: 905-883-9855

Volunteer Application Form

Volunteer No: _____

Name: _____
(English) (Chinese)

Age: 18 - 30 31 - 50 51 - 64 65 or above

Sex: Female Male

Address: _____
No. Street City Province Postal Code

Telephone: Home _____ Work _____ Cellular _____

Email: _____ Fax: _____

Emergency Contact: Name _____ Relationship _____ Phone _____

Education: Gr 1-8 Gr 9-12 College University

Occupation: _____

Work Experience: _____

Volunteer Experience: _____

Spoken & Written Languages: English Cantonese Mandarin Others _____

Skills & Knowledge

Word Processing Please Select: <input type="checkbox"/> English / Chinese	Writing/Editing/Publishing Please Select: <input type="checkbox"/> English / Chinese	Computer Applications Please Specify: <input type="checkbox"/>
Graphics Design <input type="checkbox"/>	Web Page Design <input type="checkbox"/>	CPR/First Aid <input type="checkbox"/>
Accounting <input type="checkbox"/>	Personal Care <input type="checkbox"/>	Others _____ <input type="checkbox"/>
Counseling <input type="checkbox"/>	Palliative Care <input type="checkbox"/>	

Special Interests: _____

Car available for volunteer work? No Yes

If yes, how many years of Ontario driving experience? _____ Year(s)

Please turn over for page 2...

On a scale with "1" being your top priority, please indicate your interest(s) in the following volunteer positions and areas. You may select more than one item.

Music Program	<input type="checkbox"/>	Friendly Visiting	<input type="checkbox"/>	Fundraising	<input type="checkbox"/>
Recreational Activity	<input type="checkbox"/>	Feeding	<input type="checkbox"/>	Special Event	<input type="checkbox"/>
Arts & Crafts	<input type="checkbox"/>	Dining Room Aide	<input type="checkbox"/>	Accounting	<input type="checkbox"/>
Gardening	<input type="checkbox"/>	Food Services Assisting	<input type="checkbox"/>	Clerical Assistant/Reception	<input type="checkbox"/>
Gift/Tuck Shop	<input type="checkbox"/>	Adult Day Services	<input type="checkbox"/>	Laundry/Cleaning	<input type="checkbox"/>
Interest Class Tutor	<input type="checkbox"/>	Escort	<input type="checkbox"/>	Maintenance Aide	<input type="checkbox"/>
Library	<input type="checkbox"/>	Driver	<input type="checkbox"/>	Education Services	<input type="checkbox"/>
Flyer/Poster Design	<input type="checkbox"/>	Meals Delivery	<input type="checkbox"/>	Physiotherapy	<input type="checkbox"/>
Chinese School	<input type="checkbox"/>	Youth Group	<input type="checkbox"/>		

Please indicate your preferred volunteering location(s):

Downtown Richmond Hill Scarborough Flexible

How did you hear about Mon Sheong Foundation's volunteer services?

Friends Newspaper TV/Radio Flyer Bulletin School Others _____

Please indicate your time and day preference (including number of hours):

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Morning							
Afternoon							
Evening							

Reasons for Volunteering: _____

Reference

Name	Telephone
Company/ Organization	Position

I will be available starting from this date: _____

I can commit myself to voluntary work until this date: _____

Signature: _____ **Date of Application:** _____

Office Use Only			
Police Check		Orientation	
Health Certification		Start Date	
Interview		Assigned Position/Tasks	