CPF Canadian Parents for French (Ontario)

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VOLUNTEER APPLICATION FORM

Personal Information:

Name: _____

Address: _____

City: _____ Postal Code: _____

Home Phone #: _____ Cell # _____

E-mail: _____

Preferred method of contact: ☐ Home Phone ☐ Cell Phone ☐ E-mail

Days available: Mon. ☐ Tues. ☐ Wed. ☐ Thurs. ☐ Fri. ☐ Sat. (special events) ☐

Evenings available: Mon. ☐ Tues. ☐ Wed. ☐ Thurs. ☐ Fri. ☐ Sat. (special events) ☐

Hours available: Morning only ☐ Afternoon only ☐ All day ☐

Computer Skills: Microsoft Word ☐ Microsoft Excel ☐ PowerPoint ☐ Publisher ☐ Front Page ☐

If under 18 please complete this section:

Date of birth: _____

Emergency contact: _____ Phone/Cell #: _____

References (from family members, co-workers, teachers, supervisors, etc.**) :**

1) Name: _____

Position: _____

Phone: _____

Email: _____

2) Name: _____

Position: _____

Phone: _____

Email: _____

Tell us a little about yourself:

How did you find out about volunteering at Canadian Parents for French (Ontario)?

_____

_____

_____

Why would you like to volunteer at Canadian Parents for French (Ontario)?

_____

_____

_____

What relevant work or volunteer experience do you have?

_____

_____

_____

What relevant education, training and/or certification do you have?

_____

_____

_____

What French program did you take at school:

French Immersion ☐ Core or basic French ☐ Extended French ☐ Other ☐ _____

Do you speak, read, or write French?

_____

_____