



# Multicultural Helping House Society

4802 Fraser Street, Vancouver, BC V5V 4H4 Phone: 604.879.3277 Fax: 604.879.3327

Email: info@helpinghouse.org

## Volunteer Registration Form

<b>Personal Information</b>		Are you a new immigrant? 0-3yrs <input type="checkbox"/> Yes <input type="checkbox"/> No		Date: _____	
Name: _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Are you a member? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How did you find out about MHHS? <input type="checkbox"/> Newspaper <input type="checkbox"/> Internet <input type="checkbox"/> Other Agencies <input type="checkbox"/> Other <input type="checkbox"/> Friends <input type="checkbox"/> Self-Referral		Date of Birth: Age group: <input type="checkbox"/> youth (13-25) <input type="checkbox"/> adult (25-50) <input type="checkbox"/> senior (55 +)		Received by: _____ Date: _____	
Address: _____		Phone #: Cell #: Email: _____		Language(s) Spoken: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other _____	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Common-law		# Children	Name of Spouse: _____		Is your family in Canada? <input type="checkbox"/> yes <input type="checkbox"/> no
<b>Special Skills:</b> _____					
<b>Immigration Information</b>					
Status: <input type="checkbox"/> Visitor - TRV <input type="checkbox"/> Convention Refugee <input type="checkbox"/> Refugee Claimant <input type="checkbox"/> Other		<input type="checkbox"/> Permanent Resident <input type="checkbox"/> Work Permit - LCP <input type="checkbox"/> Work Permit <input type="checkbox"/> Student <input type="checkbox"/> Citizen		Date of Arrival <input type="checkbox"/> Under 1 year <input type="checkbox"/> 3 yrs to under 5 yrs <input type="checkbox"/> 1 to under 3 yrs <input type="checkbox"/> 5 yrs to under 10 yrs <input type="checkbox"/> 10 yrs +	
<b>Employment/Education/Training Background/Service Types</b>					
Educational Attainment: <input type="checkbox"/> High School <input type="checkbox"/> Post Graduate (MA) <input type="checkbox"/> College <input type="checkbox"/> Doctorate <input type="checkbox"/> University <input type="checkbox"/> Other Course(s): _____ Can you provide a resume? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you currently employed? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, is your job related to your academic background? <input type="checkbox"/> yes <input type="checkbox"/> no Current Employer: _____ If no, are you looking for work related to your academic background? <input type="checkbox"/> yes <input type="checkbox"/> no			
<b>What type of volunteer work interests you?</b> <input type="checkbox"/> Youth <input type="checkbox"/> Seniors <input type="checkbox"/> Caregivers <input type="checkbox"/> Event Support <input type="checkbox"/> Reception Support <input type="checkbox"/> Settlement		<b>Why do you want to volunteer?</b> <input type="checkbox"/> Desire to help others <input type="checkbox"/> Gain experience/improve skills <input type="checkbox"/> Other: _____			

Volunteer Information							
Availability	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
MORNING							
AFTERNOON							
AFTER 5pm							
Interest/Hobbies: _____							
Additional Information/Comment(s): _____							
Emergency Information							
Contact person in case of emergency: _____			Relationship: _____		Phone Number: _____		
Signature: _____						Date: _____	

**Important: All information is kept confidential.**

Website: www.helpinghouse.org - Charity Registration Number: 86527 4492 RR0001



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## References

Name	Name
Address	Address
Phone	Phone
Relationship	Relationship

## Authorization

I certify that the information in this application is correct and complete. I agree to behave in accordance with the fundamental principles of the M.H.H.S.. I give my permission to the M.H.H.S. to contact the above reference(s) and to obtain, if required, a criminal record check and/or a driver's license abstract if required.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

## Parental Consent (if required)

I am aware and support \_\_\_\_\_'s decision to volunteer with the M.H.H.S.

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

Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_

## Office Use Only

Interview by: \_\_\_\_\_

Date \_\_\_\_\_

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