

VOLUNTEER APPLICATION FORM

Thank you for supporting the Multicultural Association of Fredericton. Volunteers play an essential role at MCAF, providing valuable information and support to newcomers as they adapt to Canadian culture. Please check out our website for current volunteer opportunities.

Last Name:

GENERAL INFORMATION

First Name:

Sunday

_pm

Monday

__ - ___pm

Tuesday

___ - ___pm

Address:					
City:		Postal Code:			
Home Phone:	Cell Phone:		Email Addres	s:	
Age: □14-16 □17-24 □25-	34 🗆 35-44 🗆 45-64	□65 or above	ldentified Gender:	:	
Status in Canada:		Year	s in Canada:		
Country of Origin:					
First Language Spoken:	Second I	_anguage:			
Others					
INTERESTS					
Please indicate your area(s) of interest by putting a check mark in the appropriate box(es):					
□First Fredericton Friend(s)					
□English Tutors □Gr	oup □Indivi	dual			
□French Tutors □Gr	oup □Indivi	dual			
□Mentors					
For First Fredericton Friends, indicate family members who will be involved with your match or be interested in joining the Community Connections program:					
Name:		Gender:		Age:	
Current Occupation		Email			
Children's Names:		Gender:		_Ages:	
VOLUNTEER AVAILABILIT	ГҮ				

Wednesday

____ - ___pm

Thursday

__ - ___pm

Friday

____ - ___pm

Saturday

___ - ___pm



VOLUNTEER APPLICATION FORM continued

Please describe your current or past work, volunteer or education experience:					
Please share some of your person	onal reasons for becoming a MCAF	volunteer and what you hope to			
gain from the experience:	mai reasons for becoming a MOAI	volunteel and what you hope to			
REFERENCES					
Reference #1					
Name					
Relationship	Phone #	Email			
Reference #2					
Name					
Relationship	Phone #	Email			
Reference #3					
Name					
Relationship	Phone #	Email			
FOR VOLUNTEERS LESS THAN	I 16 YEARS OF AGE:				
treatment, if necessary. I hereby release	n to participate in volunteer activities for N the Multicultural Association of Frederictory or arising from such participation or trea	on from all claims arising from any			
Parent/Guardian Name:					
Email:	Telephone:				
Signature:	Date:				

Once your application is completed please email to community-liaison@mcaf.nb.ca