



# LEND A HELPING HAND IN SUPPORT OF REFUGEE FAMILIES

## VOLUNTEER APPLICATION FORM

VOLUNTEER INFORMATION	
FIRST NAME:	LAST NAME:
CELL NO.:	EMAIL:
ARE YOU FLUENT IN BOTH ENGLISH: YES <input type="checkbox"/> <input type="checkbox"/> NO AND ONE OF THE LANGUAGES LISTED BELOW? AMHARIC: YES <input type="checkbox"/> <input type="checkbox"/> NO    FARSI: YES <input type="checkbox"/> <input type="checkbox"/> NO    SOMALI: YES <input type="checkbox"/> <input type="checkbox"/> NO    TIGRIGNYA: YES <input type="checkbox"/> <input type="checkbox"/> NO	

AVAILABILITY – A MINIMUM OF 3 HOURS/WEEK IS REQUESTED						
MONDAY <input type="checkbox"/>	TUESDAY <input type="checkbox"/>	WEDNESDAY <input type="checkbox"/>	THURSDAY <input type="checkbox"/>	FRIDAY <input type="checkbox"/>	SATURDAY <input type="checkbox"/>	SUNDAY <input type="checkbox"/>
FROM:	FROM:	FROM:	FROM:	FROM:	FROM:	FROM:
TO:	TO:	TO:	TO:	TO:	TO:	TO:
WHAT DAY ARE YOU AVAILABLE TO START?			DAY:	MONTH:	YEAR:	
WHICH LOCATION IS MOST IDEAL FOR YOU?			DOWNTOWN	WEST-END	EAST-END	

POSSIBLE DUTIES AND RESPONSIBILITIES
<input type="checkbox"/> You can help welcome refugees during their first few weeks in Canada by assisting with day-to-day activities, such as driving and escorting newcomers to doctor/dentist appointments, after-hour clinics  <input type="checkbox"/> If you are interested in a long-term commitment, COSTI can match you with a family where you can help them with their move and unpacking, take them grocery shopping, help them become familiar with their neighbourhood, including social outings, events, outdoor activities and using public transit.  Please note, that all individuals who intend on volunteering with refugee arrivals must obtain a Vulnerable Sector Screening.

REFERENCES	
FULL NAME:	TITLE:
ADDRESS:	TELEPHONE NO.:
COMPANY:	

I confirm that the information contained in this application is true and complete. I understand that false information may be grounds for not accepting my application or for immediate termination at any point in the future. I authorize the verification of any or all information listed above.

SIGNATURE – APPLICANT:	DATE:
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COMPLETED APPLICATIONS CAN BE SENT VIA EMAIL TO [HELPINGHAND@COSTI.ORG](mailto:HELPINGHAND@COSTI.ORG)