

Volunteer Application Form

Date	
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Mr. / Mrs. / Ms. / Miss. / Dr. (Please indicate お選びください)			
Name (ローマ字)		Kanji (氏名: 漢字)	
Date of Birth (生年月日)		Visa Status (ビザの種類)	
MM (月)	DD (日)	YYYY (年)	<input type="checkbox"/> Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Working Holiday <input type="checkbox"/> Work permit <input type="checkbox"/> Student <input type="checkbox"/> Visitor <input type="checkbox"/> Other ()

Address (住所)		City	Postal Code
Telephone	Cell	Others	
Email Address		Emergency Contact (緊急連絡先)	

Volunteer availability:

ボランティア活動について

	Mon	Tue	Wed	Thu	Fri	Sat & Sun
What time are you available for volunteering? ボランティアをしていただける曜日と時間帯は？	AM					
	PM					
	<input type="checkbox"/> Weekly 毎週 <input type="checkbox"/> Biweekly 隔週 <input type="checkbox"/> ___/month 月 () 回 <input type="checkbox"/> Event only イベントのみ					
How often would you be able to? どのぐらいの頻度でボランティアできますか						
What is your current employment status? 現在の雇用状態を教えてください。	<input type="checkbox"/> Employed . . . If yes <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Self employed <input type="checkbox"/> Seeking employment <input type="checkbox"/> Student <input type="checkbox"/> Home duties <input type="checkbox"/> Retired <input type="checkbox"/> Pensioner <input type="checkbox"/> Other ()					
How long are you thinking of volunteering with TG? いつまでボランティアをしていただけますか？						
If you are not a permanent resident of Canada, how long are you staying? カナダ市民、移民でない方は、いつまでカナダに滞在しますか？						

Please describe any relevant work, hobbies, talent or education experience:

資格、趣味、特技、経験した職種などを記入してください。

Hobbies	Certificates & skills 資格 & 特技
Work & education experience 職歴 & 学歴	Language ability
Work :	<input type="checkbox"/> English (<input type="checkbox"/> speak <input type="checkbox"/> write <input type="checkbox"/> read <input type="checkbox"/> listen) <input type="checkbox"/> Japanese (<input type="checkbox"/> speak <input type="checkbox"/> write <input type="checkbox"/> read <input type="checkbox"/> listen) <input type="checkbox"/> Other ()
Education :	
List previous volunteer experience ボランティア経験	

Resident / Non-resident

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REFERENCES: Please provide two references (school, business or volunteer related, no family or friends):

Reference #1:

NAME:	Tel#	Affiliation:
CHECK (by TG):		

Reference #2:

NAME:	Tel#	Affiliation:
CHECK (by TG)		

CRIMINAL RECORD CHECK

Tonari Gumi seeks to protect participants, volunteers, employees and community through appropriate screening measures. A criminal record check is required for a number of positions. I understand that I do not have to agree to this background check, but that refusal to do so may exclude me from being considered for volunteer placement.

If requested, are you willing to submit to a criminal record check? Yes No

VOLUNTEER DRIVER REQUIREMENTS

Anyone who is required to a drive vehicle on behalf of Tonari Gumi in order to conduct authorized services on behalf of Tonari Gumi must provide copies of the following that will be included in your personal file:

- Valid BC Driver's License in good standing.
 - A current Driver's Abstract.
 - Valid vehicle insurance if using your own vehicle.
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VOLUNTEER ACKNOWLEDGEMENT

As a volunteer with the organization, I agree to the following:

1. To provide my time and service without remuneration.
2. To support the principles of the organization and the implementation of the organization's mission while on duty as a volunteer
3. To maintain strict confidentiality.
4. To adhere to the smoke free environment.
5. To attend a formal volunteer orientation and to participate in designated training sessions when provided to help in my volunteer assignment.
6. To adhere to the Tonari Gumi policies, rules and regulations.
7. To fulfill the volunteer hours agreed upon.
8. To volunteer for this organization for a minimum of three months.
9. I understand that false information on this application may be cause for termination of volunteer service.

I _____ have read, fully understand and accept the terms and conditions of volunteering for Tonari Gumi.

I agree to abide by the organization's policies and procedures and understand that failure to do so may result in my termination as a volunteer

Sign: _____

Date: _____

Witness: _____

Date: _____

Tonari Gumi respects your privacy. We never release your information to other organizations. Also, we never release your information to members, volunteers or any other individual without your consent.

隣組は、会員、ボランティアの皆様のご個人情報を尊重し、その保護の重要性を認識しております。会員の個人情報は、他の機関、会員、ボランティアなどの第三者にご本人の同意なしに、提供することとは致しません。