Community Volunteer Application Form

For Syrian Refugee Sponsorship Project

Please circle one:	Ms.	Mrs.	Mr.			
Name: (First)			(Last)			
Address:						
Email:						
Telephone (home):						
Telephone (cell):						
Current occupation	ו:					
Highest Formal Ed	ucation (please c	ircle one)			
Elementary School			High School			
University			Post graduate			
Languages that yo	u speak	and wr	ite fluently	(circle a	all that apply)	
English F	rench	C	Other:			
When are you avail	able to v	volunte	er? (circle all	that ap	ply)	
Day (9am – 5pm)			Evening (5:30pm – 9 pm)			
Weekend (8am – 4pm)			All of the above			
Do you own a BC d	rivers Li	cence:	(please circle)	yes	no	
Have you had 10+	driving y	ears e	xperience:	yes	no	
Preferred area you	would li	ke to v	olunteer wi	t h: (if a _l	oplicable)	

Acknowledgement and understanding

To my best knowledge and belief, the information set out in this form is true and correct.

I acknowledge that my association with the Syrian Refugee Family Sponsorship Project will be voluntary and purposed and that I am not authorized to act as a spokesperson for either of the church organizations.

I will respect the religious and cultural views of the Sponsored family

I authorize Christian Life Assembly and the Refugee Sponsorship Committee to contact me through phone or email to inform me of events, programs, scheduling and other items of interest.

I understand that potential volunteers are selected according to program needs, are required to attend orientation sessions, and undertake a Police Records Check – program staff will assist me with this process.

Signature:	Date:
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