



Date	
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Volunteer Application Form

Please complete all sections of this form. This form is part of the permanent volunteer file at Saint John Newcomers Centre. All volunteer files are confidential and are only available to authorized staff and/or volunteers.

Are you able to communicate in: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Both	I want service in: <input type="checkbox"/> English <input type="checkbox"/> French
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Please use: **CAPITAL LETTERS**

A: GENERAL INFORMATION			
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	First Name:	Last Name:	
Address:		Email:	Date of Birth (DD/MM/YYYY) *Optional:
Occupation Profession:		Country of Origin:	First Language: Other Languages: _____
Are you a Newcomer: <input type="checkbox"/> Yes <input type="checkbox"/> No When did you arrived: _____	Preferred Method of Contact: <input type="checkbox"/> Phone <input type="checkbox"/> E-Mail		Telephone:
How did you hear about SJNC? <input type="checkbox"/> Walk-in <input type="checkbox"/> Website <input type="checkbox"/> SJNC Social Media <input type="checkbox"/> Referred by friend/family <input type="checkbox"/> Referred by SJNC employee			
Have you ever been convicted of a criminal offence for which a pardon has not been granted? <input type="checkbox"/> Yes <input type="checkbox"/> No			
B: PREVIOUS EXPERIENCE			
1) Have you ever volunteered before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please continue to question 2			
2)			
Organization	Position Held	From (MM/YY) – To (MM/YY)	
3) What School do you attend? (For Student Visa Newcomers & Youth Volunteers only)			

Office location
75 Prince William St.,
Suite 100, Saint John,
NB E2L 2B2

Mailing address
P.O Box 20100
39 King St., Saint John,
NB E2L 5B2

+1(506) 642-4242
www.sjnewcomers.ca



SJNC
CNASJ

The Saint John
Newcomers Centre
Le Centre des nouveaux
arrivants de Saint-Jean

C: AREA(S) OF INTEREST

Saint John Newcomers Centre:

- Orientation
- Language
- Children/ Youth
- Social
- Receptionist/ Office Assistant

Professional Experience:

- Educator
- Interpreter
- Computer/ Technical
- Crafts and Communication
- Any Specialty _____

D: AVAILABILITY

Are you willing to commit to at least a 6-12month term? Yes No Specify: _____
 Are you interested in Short-term? 2 weeks 1 Month

Please indicate the shifts that you are available to commit to:

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning 8am-12noon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon 12noon-5pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate the frequency of shifts you are able to commit to:

- Weekly Bi-Weekly Monthly On Call Other: _____

E: REFERENCES

Please provide the names of two personal references (non-relatives preferred) who have known you well. These could be friends, community members, or leaders from volunteer organizations.

1. Name:	Phone Number:	E-mail:
Relation:		
2. Name:	Phone Number:	E-mail:
Relation:		

AUTHORIZATION AND CONSENT

By submitting this application, I confirm that the information I have provided is true and accurate. I also acknowledge and agree that submitting this form does not automatically register me as a volunteer. The Saint John Newcomers Centre has a policy of screening all prospective volunteers. Additionally, I understand that I will be required to submit a criminal record check, including a vulnerable sector check, and a resume.

Signature of Applicant:	Date:
<i>Parent/Guardian required for volunteers under the age of 16: By signing this volunteer application, I the parent/legal guardian grant permission for my child to work as a volunteer with The Saint John Newcomers Centre and understand the obligations as aforementioned.</i>	
Parent/Guardian Signature:	Date:

Thank you for your time and interest in Saint John Newcomers Centre.
Please return completed application to: sherry.calunsag@sjnewcomers.ca

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