

VOLUNTEER APPLICATION

Section A: CONTACT INFORMATION

First Name:	Preferred Name:	Last Name:
Address:	City:	Postal Code:
Home Phone:	Business Phone:	Cell Phone:
Email Address:	Gender (optional):	<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Other
Age Range:	<input type="checkbox"/> 14-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-44 <input type="checkbox"/> 45-64 <input type="checkbox"/> 65&Over	
Language Spoken:	<input type="checkbox"/> English <input type="checkbox"/> Cantonese <input type="checkbox"/> Mandarin <input type="checkbox"/> Korean <input type="checkbox"/> Tamil <input type="checkbox"/> Vietnamese <input type="checkbox"/> Cambodian <input type="checkbox"/> Other(s) Please specific: _____	
Emergency Contact Name:	Phone:	Relationship:

Section B: KNOWLEDGE OF HONG FOOK

How did you learn about Hong Fook?

Newspaper, Television Health Care Provider Social Media Other Agency
 Hong Fook Brochures Friends / Family Hong Fook Staff Other(s): _____

Why do you want to volunteer for Hong Fook?

Support the cause Meet new people Apply skills Need volunteer hours Other(s): _____

Section C: AREA OF INTEREST – Please check all the area(s) that you are interested in

<input type="checkbox"/> Board & Advisory Committee	<input type="checkbox"/> Office Administration	<input type="checkbox"/> Promotion & Education
<input type="checkbox"/> Direct Services with Client	<input type="checkbox"/> Program Facilitation	<input type="checkbox"/> Translation & Interpretation
<input type="checkbox"/> Fundraising & Marketing	<input type="checkbox"/> Program Planning	<input type="checkbox"/> Other _____

Section D: EXPERIENCES

PREVIOUS RELEVANT WORK EXPERIENCES – If applicable

Organization:	Position:	Duration:
Organization:	Position:	Duration:

PREVIOUS VOLUNTEER EXPERIENCES – if applicable

Organization:	Position:	Duration:
Organization:	Position:	Duration:

Section E: AVAILABILITY

Please check off ALL your availability below:

- | | | | | | | |
|--|---|--|--|--|--|--|
| <input type="checkbox"/> Mon Morning | <input type="checkbox"/> Tues Morning | <input type="checkbox"/> Wed Morning | <input type="checkbox"/> Thurs Moring | <input type="checkbox"/> Fri Morning | <input type="checkbox"/> Sat Morning | <input type="checkbox"/> Sun Morning |
| <input type="checkbox"/> Mon Afternoon | <input type="checkbox"/> Tues Afternoon | <input type="checkbox"/> Wed Afternoon | <input type="checkbox"/> Thurs Afternoon | <input type="checkbox"/> Fri Afternoon | <input type="checkbox"/> Sat Afternoon | <input type="checkbox"/> Sun Afternoon |
| <input type="checkbox"/> Mon Evening | <input type="checkbox"/> Tues Evening | <input type="checkbox"/> Wed Evening | <input type="checkbox"/> Thurs Evening | <input type="checkbox"/> Fri Evening | <input type="checkbox"/> Sat Evening | <input type="checkbox"/> Sun Evening |
- Other _____

Will you able to commit for at least 6 months? Yes No If not, how long can you commit? _____

Section F: SCREENING

Reference Name:	Relationship:	Phone Number:
Reference Name:	Relationship:	Phone Number:

Section G: VOLUNTEER AGREEMENT

At all times, the privacy and dignity of clients, donors, volunteers and staff will be respected, and the mission and vision of the Hong Fook Mental Health Association / Foundation / NPLC Led Clinic will be followed in accordance with the Hong Fook and NPLC's policies, standards and guidelines. As a volunteer, you may have access to information and documents relating to clients, donors, volunteers and staff that are private and confidential in nature. All volunteer and client records are the property of Hong Fook / NPLC and will be treated as confidential material; reasonable care and caution should be exercised to protect and maintain total confidentiality. No person shall read records or discuss such information unless there is legitimate purpose. Volunteer and client interactions shall not be discussed with people outside of Hong Fook / NPLC, including immediate family members, throughout and beyond tenure with Hong Fook / NPLC.

By signing below, you acknowledge that the information provided is true and accurate, and that you have read, understand, and will abide by the agreement above. And, by signing below, you grant Hong Fook Mental Health Association / Foundation / NPLC permission to take, use, and/or publish any photos / videos of you without payment. You are also grant permission to contact the references listed.

- I consent to receive electronic communications from Hong Fook, such as E-newsletter, invitation to events and programs. Should I choose to withdraw my consent, I will notify by email to info@hongfook.ca.

Signature: _____ Date: _____(MM/DD/YYYY)

OUR POLICY:

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual orientation, age or disability.

For volunteers aged 14-15

- I hereby give permission for my child to volunteer for Hong Fook Mental Health Association. In case of emergency, I give permission for my child to receive emergency treatment if necessary.

Parent/Guardian's Signature: _____ Date: _____(MM/DD/YYYY)

Thank you for completing this application form and your interest in volunteering with the Hong Fook Mental Health Association / Foundation / NPLC Led Clinic