

Volunteer Form – The Toronto Roma Community Centre



Your Full Name _____

First Name

Last Name

Your Address: _____

and Street,

City,

Province

Postal Code

Best Phone Number to reach you, including area code: _____

Alternate Phone Number: _____

Email Address (please print clearly) _____

Languages (Spoken Fluently) _____

Have you worked with a community centre before? _____

Please list any experience you feel is relevant: _____

How did you hear about The Toronto Roma Community Centre? _____

What prompted you to get in touch with us? _____

Areas of Interest: (please circle one or more areas which you feel you have time to dedicate to)

- Befriending (offering ongoing personal support for a service user)
- Interpretation/ Escorting (usually weekdays during office hours)
- ESL Tutoring (weekly session with an individual client)
- Public Education (information tables, newsletter production, public outreach)
- Social Events (holiday parties, picnics, volunteer nights, etc)
- Volunteer Advisory Committee (projects to improve the volunteering program)
- Fundraising (requires some fundraising experience)
- Other (List) _____

Approximately how many hours of your time per month can you contribute? _____

- Background Information (you may also attach a resume, if preferred)
- Education
- Paid Work Experience, if any
- Volunteer Work Experience, if any
- Special Interests or Hobbies _____