

**VOLUNTEER APPLICATION FORM
(ESL Assistant)**

Thank you for your interest in volunteering your time. The following information will assist us in determining your interests and abilities for a prospective volunteer service assignment, and provide other information required for administrative purposes. A copy of your resume is also required.

POSITION DESCRIPTION

Under the direction of the class facilitator, you will be working with English as a Second Language (ESL) learners to improve their language skills. You will be assisting learners with the following skills: listening, speaking, reading, writing and math. You are expected to conduct yourself in a professional manner at all times.

PERSONAL INFORMATION (Please Print)

Mr. Mrs. Miss Ms.

First Name: _____ Last Name: _____

Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Date of Birth: _____

Emergency Contact Name: _____ Phone: _____

How did you learn about the volunteer opportunity?

What relevant work or volunteer experience do you have?

What relevant education or training do you have?

Please list any relevant skills and interests. (e.g., hobbies, languages)

AVAILABILITY

How many days per week are you available? _____

How long can you commit to volunteering? _____

Please indicate which day(s) and time(s) you are available. (Please note that our full-time daytime classes run between 9:30am and 2:30pm Monday – Friday, and our part-time evening classes run Monday to Thursday from 6:30 to 9:30 pm.)

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM (aft)					
PM (eve)					

SCREENING

Our organization seeks to protect participants, volunteers, employees and the community through appropriate screening measures. Reference checks are required for all volunteers. Please provide the names of two references that we may contact. Police records checks may be required. Please understand that you do not have to agree to these background checks, but that refusal to do so may exclude you from being considered for a volunteer placement.

If requested, are you willing to submit to a police records check? Yes No

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

Name: _____ Phone: _____

How do you know this reference? _____

Name: _____ Phone: _____

How do you know this reference? _____

COMMITMENT

1. I agree to adhere to the Columbia College policies, rules and regulations.
2. I agree to keep all student personal information confidential.
3. I agree to volunteer for this organization for a minimum of one month.
4. I understand that false information on this application may be cause for termination of volunteer services.

Signature: _____ Date: _____

Personal Information contained on this form is collected under the provisions of the *Freedom of Information and Protection of Privacy Act* and will be used only for the purposes indicated.

Please return the completed form to: Columbia College
802 Manning Road NE, Calgary, AB T2E 7N8
E-mail: jocelyney@columbia.ab.ca
Fax: (403) 272-3805

For office use only

Interviewed by: _____ Date: _____

- Application Received Interview Scheduled Interview Completed
 Criminal Check Received References Checked

Comments: _____

