



**KCWA Family and Social Services** 캐나다 한인 여성회  
 27 Madison Avenue Toronto Ontario M5R 2S2  
 • Phone: (416) 340-1234 • Fax: (416) 340-8114  
 • E-mail: kcwa@kcwa.net • Website: http://www.kcwa.net

**VOLUNTEER APPLICATION FORM**

Thank you for your interest in supporting the KCWA Family and Social Services as a volunteer. Our commitment is to provide quality services through the coordinated participation of dedicated staff and volunteers. Please complete the form and attach the most recent resume/curriculum vitae.

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

Home Tel #: \_\_\_\_\_ Work/Other #: \_\_\_\_\_

**LANGUAGE PROFICIENCIES**

Language 1: \_\_\_\_\_ Basic \_\_\_\_\_ Intermediate \_\_\_\_\_ Fluent \_\_\_\_\_

Language 2: \_\_\_\_\_ Basic \_\_\_\_\_ Intermediate \_\_\_\_\_ Fluent \_\_\_\_\_

Language 3: \_\_\_\_\_ Basic \_\_\_\_\_ Intermediate \_\_\_\_\_ Fluent \_\_\_\_\_

**AREAS OF INTEREST**

Administration \_\_\_\_\_ Events/Programs \_\_\_\_\_ Language Classes \_\_\_\_\_

Settlement Services \_\_\_\_\_ Employment Services \_\_\_\_\_ Creative Arts \_\_\_\_\_

Children/Youth \_\_\_\_\_

**AVAILABILITY (PLEASE INDICATE YOUR HOURS OF AVAILABILITY IN THE APPROPRIATE BOXES)**

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
DAY (9am-12pm)						
AFTERNOON (12-5pm)						
EVENING (5-9pm)						

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OFFICE USE ONLY:

REFERENCE CHECK: WHEN? \_\_\_\_\_ BY WHOM? \_\_\_\_\_