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| --- | --- |
| APCITGVolunteer Application\* |  |

## Contact Information

|  |  |
| --- | --- |
| Name |  |
| Home Address |  |
| City/Province/Postcode |  |
| Home Phone |  |
| Work Phone |  |
| E-mail Address |  |

## Availability

### Please provide your availability for volunteer assignments

|  |  |
| --- | --- |
| Weekday mornings | Weekend mornings |
| Weekday afternoons | Weekend afternoons |
| Weekday evenings | Weekend evenings |

## Interests

### Areas you are interested in volunteering

|  |
| --- |
| Community Events |
| Public Sector Services |
| Nursing Homes |
| Legal Matters |
| Medical Cares |
| Exhibition Events |
| Newsletter Articles |
| Volunteer Coordination |

## Professional Skills and/or Qualifications

### Summarize special skills and/or qualifications you have acquired from employment, previous volunteer work, and/or through other activities.

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| --- |
|  |

## Previous Volunteer Experiences

### Summarize your previous volunteer experiences.

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| --- |
|  |

## Emergency Contact

|  |  |
| --- | --- |
| Full Name |  |
| Home Address |  |
| City/Province/Postcode |  |
| Home Phone |  |
| Work Phone |  |
| E-mail Address |  |

## Agreement and Signature

### By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

|  |  |
| --- | --- |
| Full Name (printed) |  |
| Signature |  |
| Date |  |

## \*Our Policy

### 1. To become an APCITG volunteer, you must be an active APCITG mamber.

2. You will be covered by APCITG’s Commercial Liabilities Insurance policy and Professional Errors & Omissions Insurance policy **for APCITG’s assignments ONLY**.

3. If you know someone who needs professional volunteer translation and interpretation services in Chinese to English and English to Chinese, you may refer them to request [Here](APCITG%20Forms).

### 4. APCITG provides equal opportunities without regard to religion, origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and your interest in volunteering with APCITG.

**!** By entering your name here enter it acts as your official electronic signature**!**

45 Sheppard Ave. East Suite 900 Toronto ON M2N 5W9 [www.apcitg.org](http://www.apcitg.org) Email: inquiry@apcitg.org 416 8310 5125