120 rue Duluth est

Montréal, QC H2W-1H1

514-843-4356

Courriel : benevolat@maisondelamitie.ca

Site web:  **www.maisondelamitie.ca**

* ***Supporting the Community*** -

**Volunteer Application Form**

**Date** (dd/mm/yyyy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**First Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone #**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-Mail Address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Postal Code :**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact (with telephone number): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Languages spoken:** English \_\_\_ French \_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How did you hear about our organization?**

Web site (specify:\_\_\_\_\_\_\_\_\_\_\_\_\_) Newspaper (specify:\_\_\_\_\_\_\_\_\_\_\_\_) Friend \_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Why are you interested in volunteering? What interests you about the House of Friendship specifically?**

**What is your teaching experience (if any)? Or what makes you think you would like to teach?**

**What are your previous or current experiences volunteering?**

**What are your experiences with Zoom or other video conferencing systems?**

Your Availability

**I am available for: 3 months \_\_\_ 6 months \_\_\_9 months \_\_\_ 12 months \_\_\_**

**How much time are you able to invest in volunteering?**

**Number of hours per week \_\_\_\_ Number of hours per month \_\_\_\_**

**I'm interested in being a: teacher\_\_\_\_\_ assistant \_\_\_\_\_\_ conversation monitor \_\_\_\_\_**

**Online \_\_\_\_\_\_\_\_\_\_\_\_ In person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**When are you available during the week?**

**Courses**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Schedule** | **Monday** | **Tuesday** | **Wednesday**  | **Thursday** | **Friday** |
| **9am-12pm** |  |  |  |  |  |
| **1:30 –4:30pm** |  |  |  |  |  |
| **6pm – 9pm** |  |  |  |  |  |

**Conversation Classes**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Schedule** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **4:45 – 5:45pm** |  |  |  |  |  |

**Employment and Volunteer Experience**

|  |  |  |
| --- | --- | --- |
| **Year** | **Organisation / Company**  | **Job (brief description)** |
|  |  |  |
|  |  |  |
|  |  |  |

**Three Character and Professional References:**

**At least one must be a professional/volunteer reference.**

|  |  |  |
| --- | --- | --- |
| **Name** | **Relationship to you** | **email** |
|  |  |  |
|  |  |  |
|  |  |  |

**Authorization for collection of personal information**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize House of Friendship to collect information from the above references.**

**I understand that the information obtained will be confidential but may be shared with House of Friendship staff and partner organizations in order to obtain an appropriate volunteer placement.**

House of Friendship respects your privacy.  We protect your personal information and adhere to all legislative requirements with respect to protecting privacy.  We do not rent, sell, or trade our mailing lists.  The information you provide will be used to deliver services and to keep you informed and up to date on the activities of House of Friendship, including programs, services, special events, funding needs, opportunities to volunteer or to give, open houses and more through periodic contacts.  If at any time you wish to be removed from any of these contacts simply contact us by phone at (514) 843-4656, or email us at benevolat@maisondelamitie.ca and we will gladly accommodate your request.

**I understand that this is an application form, and that it does not constitute engagement or the promise of a volunteer post.**

**We thank you for your interest in helping the House of Friendship**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**