



# 卡城華人社區服務中心

## Calgary Chinese Community Service Association

#1, 128 - 2nd Ave, S.W., Calgary Alberta T2P 0B9  
 華埠西南二大道一二八號河濱大廈地下  
 TEL: 403.265.8446 FAX: 403.233.0070 WEB: www.cccsa.ca

### Volunteer Application Form

### 义工申请表

#### How did you know about volunteer opportunities in CCCSA? (您是如何知道卡城華人社區服務中心的義工機會的)

- Newspaper 報紙 • Radio Station 電臺 • Email 電郵 • Phone calls 電話
- CCCSA Poster 中心海報 • CCCSA Website 中心網站 • CCCSA facebook 中心面書 • CCCSA office 在中心办公地点
- Family 家人 • Friends 朋友

#### Personal Information 個人信息

English Name (英文名): \_\_\_\_\_ (First name 名) \_\_\_\_\_ (Last name 姓)  
 Chinese Name (if applicable) 中文名 (如適用): \_\_\_\_\_ Nationality (國籍): \_\_\_\_\_  
 Gender (性別): M (男) / F (女) Age (年齡) \_\_\_\_\_  
 Language (語言): \_\_\_\_\_ Educational Background (教育背景): \_\_\_\_\_  
 Postal Code (郵編): \_\_\_\_\_ Tel (電話): \_\_\_\_\_ Email (電郵): \_\_\_\_\_  
 Do you prefer to be contacted by phone or/and email? 您希望我們通過電話還是電郵來聯繫您?

Emergency Contact (緊急聯繫人): \_\_\_\_\_ phone (電話): \_\_\_\_\_ Email (電郵): \_\_\_\_\_

#### Previous volunteering experience (if applicable) 義工經驗:

- |                                 |           |
|---------------------------------|-----------|
| 1. Name of Organization/Agency: | Position: |
| 2. Name of Organization/Agency: | Position: |
| 3. Name of Organization/Agency: | Position: |

#### Previous training or work experience (if applicable) 培訓或工作經驗

1. Name of Employer/Training organization or agency:
2. Name of Employer/Training organization or agency:
3. Name of Employer/Training organization or agency:

#### What are your volunteer objectives?

- Help the community   
  Learn new skills   
  Explore careers   
  Meet and work with people  
 Develop skill   
  learn more about local culture   
  Other \_\_\_\_\_

#### Availability for Volunteering 義工時間計劃表

| Day 天   | Monday 週一  | Tuesday 週二 | Wednesday 週三 | Thursday 週四 | Friday 週五  | Saturday 週六 | Sunday 週日  |
|---|------------|------------|--------------|-------------|------------|-------------|------------|
| Time 時間   | All day 全天 | All day 全天 | All day 全天   | All day 全天  | All day 全天 | All day 全天  | All day 全天 |
| Time:<br>Other<br>(Please specify)<br>其它時間<br>(請說明) |            |            |              |             |            |             |            |

## Volunteer positions 義工職位

Please check the program/position that you would like to participate in: 請選擇您喜歡參與的義工項目

- Children & Youth Program(**orientation or training is needed**) 兒童及青少年服務 (需要參加說明會或培訓)
  - After School Tutoring 放學功課輔導:
  - Summer Camp 夏令營:
  - Youth in Action Program 青少年在行動項目:
  
- Special Events 特別活動
  - Chinatown Street Festival, Mid-Autumn Festival, New Year Festival, I Love Chinatown 華埠嘉年華, 中秋活動, 新年活動, 我愛唐人街活動
  
- Fundraising Events 籌款活動
  - Shall We Dance, Casino, Candy Art 籌款舞會, 賭場籌款, 糖果節
  
- Legal Services 法律服務
  - Legal Program Volunteer: Legal Clinic, Legal Seminars and Interpretation/Translation Services (*fluent in either Cantonese or Mandarin a requirement; fluent in Cantonese AND Mandarin preferred*)  
法律服務義工: 法律診所, 法律講座和翻譯服務 (申請者必須操流利粵語或普通話, 能操粵語和國語兩種語言最佳)
  
- Family Services 家庭服務
  - Parent Support Group & Parenting/Family Topic Seminars 親子支持小組及親子/家庭 專題講座
  - New Immigrant Circle 新移民圈
- Volunteer Development 義工發展
  - Front Desk Service 前臺服務
  - Language Class Facilitation 語言班協助
  
- Health Program 健康
  - Health Seminar & Health support group 健康講座及健康支持小組

Why have you chosen the program(s) above to volunteer for? 為什麼您選擇為以上的活動去做義工

Do you have any medical condition/physical disability that we should be aware of?

您是否有一些我們需要注意的身心健康狀況?

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**Please provide at least one reference (excluding family members & relatives)**

請提供至少一個諮詢人 (非家庭成员或亲戚)

1) Name 名字: \_\_\_\_\_ Phone 電話: \_\_\_\_\_

2) Name 名字: \_\_\_\_\_ Phone 電話: \_\_\_\_\_

CCCSA respects your right to privacy. We will not disclose your personal information to other without your permission. If you do not wish to receive on-going communications from CCCSA, please contact the Volunteer Coordinator at 403 265 8446.

卡城華人社區服務中心尊重隱私, 您個人資料未經您本人同意絕不透露給其他人或團體。如您不希望繼續收到本中心的聯絡或通訊, 請致電 403 265 8446 以便義工統籌負責人員作安排。

**I understand that a police check may be required. I hereby authorize CCCSA to do so on my behalf.**

本人明白卡城華人社區服務中心或許要求本人的良民記錄，我授權中心向警署查詢

Volunteer Applicant's Signature (義工申請人簽名) : \_\_\_\_\_

Date of Application (申請日期) : \_\_\_\_\_

Program Referred (所分配到的部門) : \_\_\_\_\_

Volunteer Coordinator Signature (義工統籌人員負責人簽名) : \_\_\_\_\_

Date of Interview (面試日期) : \_\_\_\_\_

*Thank you for your interest in volunteering for CCCSA!*