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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 [Platinum Member](https://www.apcitg.org/join-apcitg).

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

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