

1035 rue Rachel Est 3ème étage Montréal, QC H2J 2J5 Téléphone: (514) 528-8812 Télécopier: (514) 528-0896

E-mail: sawcc@sawcc-ccfsa.ca

## SAWCC VOLUNTEER FORM

We thank you for considering SAWCC a place to volunteer. We ask to for a minimum of three hours' of your commitment at one time.

Please fill the following form for us to find suitable tasks for you.

**NOTE:** You can also become a member of SAWCC at any time.

## PERSONAL INFORMATION

Name:	Family Name:	
Contact Number:	Home/ other	
Email:		
Address:		_

## VOLUNTEERING INTERESTS- Please select your preferences and write detail if you need to

NO	Opportunities for volunteering	Your speciality/ interest
1	Accompanying people to specialized appointments (e.g.	
	hospital /immigration/ welfare)	
2	Interpretation/Translation- at doctor's, social workers	
	etc.	
3	Office work ( answering phone/ updating bulletin	
	board/inventory/ phone tree/ organizing/ filing)	
4	Computer Programming- working with SAWCC website	
	and Facebook- updating/ modifying	
5	Outreaching ( posting flyers)	
6	Representing SAWCC at various Organizations.	
7	Teaching( please circle): basic English classes/	
	Computer classes/ arts & Crafts	
8	Providing Transportation	
9	Summer Camp- helping summer camp counsellors,	
	accompanying the group on trips and swimming pool	
10	Group Activity- facilitating workshops- what kind?	
11	Special events: phone calling from SAWCC, setup,	
	cleanup for events	
12	Networking with other organizations	
13	Daycare giver: for regular classes and for special events	



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OTHER?			
Languages spoken			
zangaages spoken.			
Your preferred timi			
Monday- Timing	Tuesday-Timing	Wednesday-Timing	
Thursday-Timing	Friday-Timing	Weekend- Timing	
Would vou be inter	ested in becoming a mer	mber of SAWCC?	
o Yes	C		
<ul><li>No</li><li>Will think about it</li></ul>			
Comments:			
Signature:	Date	:	
SAWCC staff's signature:			