

**THUNDER BAY COMMUNITY CONNECTIONS PROGRAM
NEWCOMER REGISTRATION FORM**

For CC Program Use Only		
Referred by:	_____	
Orientation Date:	Understanding Date:	SW:
Matched with:	Date:	Completed:
Matched with:	Date:	Completed:
Matched with:	Date:	Completed:
Matched with:	Date:	Completed:

To be completed by the main contact person.

First Name: _____ **Family Name:** _____

Address: _____ **Postal Code:** _____

North Ward: _____ **Intercity:** _____ **South Ward:** _____

Telephone: Home _____ Work _____ Email _____

Employment Status: Full Time ___ Part Time ___ Retired ___ Student ___ Seeking Employment ___

Present Occupation: _____

Occupation in your Country: _____

Education Level: Elementary ___ Secondary ___ College/Technical (field of study) _____
 University (field of study) _____ Post Graduate _____
 No formal Education _____

Knowledge of English: Limited ___ Moderate ___ Fluent ___

Country of Origin: _____

Mother Tongue: _____ **Other Languages:** _____

Immigration Status: Convention Refugee ___ Designated Class ___ Independent ___ M Permit ___
 Family Class ___ Assisted Relative ___ Refugee Claimant ___ Other ___

Foss-ID or IMM 1000 – W or Ministerial Permit Number: _____

Arrival date in Canada? _____ **in Thunder Bay?** _____

Family Composition: Single ___ Married ___ Single Parent ___ Common Law ___
 Widow/er ___ Other _____

Other Family Members:

Names:	Date of Birth:	Relationship:	Status:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How did you spend your leisure time in your country? (special skills, training, hobbies, and interests)

How do you spend your free time in Canada? _____

What interests you in the Community Connections Program? (practice English, meet people, learn more about Canada, share experiences, friendship) _____

How did you hear about the Community Connections Program? _____

Do you have any preferences about your Volunteer(s)? (For example: age, gender, language, family composition, individual, religion, etc.): _____

When are you available to meet with your match on a regular basis?

daytime _____ evenings _____ weekends _____

How many hours per week would you like to spend with your match?

0 - 1 ___ 1-3 ___ 3-5 ___ more than 5 ___

What is your main form of transportation?

vehicle _____ bus _____ taxi _____

Although all information will be kept confidential, it is necessary for some information to be shared with the staff of TBMA, the Community Connections Volunteer, and Immigration Canada. Only pertinent information is disclosed to help ensure a good match, and meet funding requirements. I understand that an exchange of information is necessary and authorize TBMA to share this information. **Please provide a copy of landing documents.**

Date

Signature (Contact Person)

Priority will be given to Newcomers who have been in Canada three years or less, but exceptions are made based on the needs of the Newcomer.

**Thunder Bay Multicultural Association
COMMUNITY CONNECTIONS PROGRAM**

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