

**THUNDER BAY HOST PROGRAM
VOLUNTEER REGISTRATION FORM**

For Host Program Use Only	ID Number
Interview Date: _____	
Reference Check Dates: 1. _____ 2. _____ 3. _____	
Criminal Check Date: _____ Understanding Date: _____	
Training Date: _____	
Matched with: _____ Date: _____ Completed: _____ SW: _____	
Matched with: _____ Date: _____ Completed: _____ SW: _____	
Matched with: _____ Date: _____ Completed: _____ SW: _____	

Name: _____ **Gender:** male female

Address: _____ **Postal Code:** _____
 North Ward _____ Intercity _____ South Ward _____ Rural _____

Telephone: Home _____ Work _____ Email _____

Date of Birth or age _____

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

Present Occupation: _____

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

Languages Spoken: (other than English) _____

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

How do you spend your leisure time? (special skills, training, hobbies, and interests) _____

Do you have any experience with volunteer programs? _____

How did you learn about the Host Program? _____

PLEASE TURN OVER

Why have you chosen to become a Host? (career, friendship, personal growth, meet people, help, learn about other cultures/own ancestry, develop another language, etc.) _____

Do you have any special preferences about your match? (i.e. age, gender, language, family composition, individual, specific culture, language level, religion, etc.): _____

A commitment for at least six months from the date of your initial match is suggested.
What length of time can you commit? _____

How much time can you devote to your match on a regular basis?

Hours per week _____ Time of day _____
Days of the week _____

What is your main form of transportation?

vehicle _____ bus _____ taxi _____

Will anyone be joining you in being part of the Host team? (i.e. spouse, parent, friend, relative):

Name: _____ Date of Birth: _____ Relationship: _____

What do you hope to gain from the Hosting experience? _____

Would you allow TBMA to recognize your contribution in public? Yes ___ No ___

Are you interested in assisting with TBMA fundraising/special events? Yes ___ No ___

Name: _____

