



DATE      /      /       
**APPLICATION FORM**  
 SAAMIS IMMIGRATION SERVICES ASSOCIATION

- FOR OFFICE USE ONLY**
- VOLUNTEER
  - INTERPRETER
  - TRANSLATOR
  - INDIVIDUAL MATCH
  - FAMILY MATCH
  - LINC MATCH
  - GROUPS & EVENTS

**GENDER**

M  F  \_\_\_\_\_  
OTHER

**FIRST NAME**

\_\_\_\_\_

**LAST NAME**

\_\_\_\_\_

**LANGUAGES YOU SPEAK FLUENTLY**

1 \_\_\_\_\_  TO TRANSLATE  
 2 \_\_\_\_\_  TO TRANSLATE  
 3 \_\_\_\_\_  TO TRANSLATE  
 4 \_\_\_\_\_  TO TRANSLATE

**CELLPHONE**

\_\_\_\_\_

**HOME PHONE**

\_\_\_\_\_

**HOME ADDRESS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AVAILABLE TO INTERPRET (FOR INTERPRETERS ONLY)**

ANYTIME  EVENING ONLY  
 DURING THE DAY  AVAILABLE FOR EMERGENCY CALLS AFTER 9 PM (HOSPITAL AND POLICE CALLS)

**EMAIL ADDRESS**

\_\_\_\_\_

**PREFERRED COMMUNICATION**

EMAIL  TEXT  CALL

**AGE GROUP**

18-20  30-45  46-60  60+

**EMERGENCY CONTACT**

NAME: \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 RELATIONSHIP TO VOLUNTEER: \_\_\_\_\_

**COUNTRY OF ORIGIN**

\_\_\_\_\_

**EDUCATION:**

EMPLOYMENT: \_\_\_\_\_  
 FIRST AID CERTIFIED:  YES  NO

**STATUS IN CANADA**

CITIZEN  
 VISITOR  
 PERMANENT RESIDENT  
 TEMPORARY

**INTERESTS AND HOBBIES**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WOULD YOU BE INTERESTED IN VOLUNTEERING FOR SPECIAL EVENTS SUCH AS FIELD TRIPS, SPECIAL EVENTS, EVENING/WEEKEND PROGRAMMING?**

YES  
 NO

**VOLUNTEER OPTIONS (CHECK ALL IF INTERESTED)**

INDIVIDUAL / FAMILY MENTOR  GROUP LEADER  LINC SUPPORT  BUS BUDDY  SHOPPING

**EXPERIENCE**

DO YOU HAVE ANY PREVIOUS VOLUNTEER EXPERIENCE?  YES  NO

If yes, please specify and give references from each organization:

- ORGANIZATION \_\_\_\_\_
- SUPERVISOR NAME & PHONE # \_\_\_\_\_

**REFERENCES:**

Please provide us with two PROFESSIONAL references who are not family and may be contacted by email(and phone number)

1. NAME: \_\_\_\_\_  
2. RELATIONSHIP: \_\_\_\_\_  
3. EMAIL/CELLPHONE \_\_\_\_\_

1. NAME: \_\_\_\_\_  
2. RELATIONSHIP: \_\_\_\_\_  
3. EMAIL/CELLPHONE \_\_\_\_\_

**RECRUITMENT:**

- How did you learn about the volunteer opportunities available at Saamis Immigration?
- Please include the name of the source and location where applicable
  - TRADITIONAL MEDIA (TV, SIGN, NEWSPAPER)
  - SOCIAL MEDIA (WEBSITE, FACEBOOK, TWITTER)
  - NETWORKING (CHURCH, FRIEND, SCHOOL, COMMUNITY EVENT)

**VOLUNTEER SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**SAAMIS IMMIGRATION SERVICES ASSOCIATION  
OR/ SISA REPRESENTATIVE**

\_\_\_\_\_

**DATE:** \_\_\_\_\_

**FOIP RELEASE:**

As part of the Community Connections Program, there may be photos taken or recording/taping of volunteers and participants and/or their work, which may be reproduced and/or displayed for non-profit, educational purposes, community events and other program related activities or publications. Saamis Immigration Services Association also actively participates in print, broadcast media and social media as a means of promoting and encouraging community involvement, and the photos and recordings described above may be used to promote programming on these public forums.

- I GIVE MY CONSENT TO THE INFORMATION DISCLOSURES AS DESCRIBED ABOVE.
- I DO NOT** GIVE MY CONSENT TO THE INFORMATION DISCLOSURES AS DESCRIBED ABOVE.



INITIAL HERE

**SISA PUBLICATION CONSENT:**

In order for you to receive flyers, brochures, and other written and email communication from Saamis Immigration Services Association we require your consent.

- I GIVE CONSENT TO S.I.S.A KEEPING MY TRADITIONAL AND ELECTRONIC MAILING ADDRESS ON THEIR MAILING LIST AND WOULD LIKE TO RECEIVE THE S.I.S.A PUBLICATIONS.
- I DO NOT** GIVE CONSENT TO S.I.S.A KEEPING MY TRADITIONAL AND ELECTRONIC MAILING ADDRESS ON THEIR MAILING LIST AND WOULD NOT LIKE TO RECEIVE THE S.I.S.A PUBLICATIONS.



INITIAL HERE

**CONFIDENTIALITY POLICY:**

Confidentiality is to be ensured in the areas of client information and records. Unless otherwise required by law, court orders, or in circumstances when the client is endangered or may be harmful to others, written consent shall be obtained from the client (or when applicable his/her legal guardian) before any communication or information is divulged to any other organization or any person not employed by or working as a volunteer for the Agency. Communication or information within the Agency shall be disclosed only to staff involved in the particular case or with a particular client and any other person serving in a bona fide training program or participating in a supervised volunteer program, and to the extent when performance of their duties requires disclosure of such communication or information. Staff persons, students, and/or volunteers having access to such information shall adhere to the principle of confidentiality which requires that "All information acquired in the course of his/her practice and when such information is released for professional purposes, it is done with discernment and with regard to the person concerned" (Code of Ethics Guiding Principles, Alberta Association of Social Workers). A breach of confidentiality may result in dismissal.



INITIAL HERE

**SIGNATURE:**

\_\_\_\_\_

**DATE:**

\_\_\_\_\_

**SAAMIS IMMIGRATION SERVICES ASSOCIATION  
OR/ SISA REPRESENTATIVE**

\_\_\_\_\_

**DATE:**

\_\_\_\_\_