



245-675 Queen Street South, Kitchener ON N2M 1A1
Phone: 519-571-1912 ▪ Email: volunteer@mcrs.ca
www.mcrs.ca

Thank you for your interest in volunteering at MCRS! The following information outlines the conditions of a MCRS volunteer:

- The applicant must be at least 14 years of age
- The applicant must be able to commit to a minimum of 4 months of active service, or
- The applicant is partaking in a recognized placement scheme

Volunteer Opportunities

The following is a brief overview of the current volunteer opportunities available. Further information or detailed descriptions of these positions can be found on the MCRS website.

Office Support: Volunteers provide front office support by greeting and directing clients and guests to the appropriate resource, commanding the sign in/out process and occasionally performing case research, amongst other duties.

Interpreter (Spoken): Volunteers interpret to and from English for refugee claimants for appointments at the MCRS office and on occasion, offsite (i.e. for medical and/or legal appointments).

Translator (Written): Volunteers translate official documents of refugee claimant's form from source language to English & revise documents that have already been translated to ensure accuracy.

Application Process

1. Fill out the application form with as much detail as possible. Please attach your resume to the application form.
2. Return the application to the MCRS office or electronically by attaching the application to volunteer@mcrs.ca
3. The Volunteer Coordinator will review your application and contact you.

If you have any further questions about the process of becoming an MCRS volunteer, please contact the Volunteer Coordinator at 519- 571-1912 ext. 103, or volunteer@mcrs.ca



Mennonite Coalition for Refugee Support

For Office Use Only		
Date received:		
	Entered into Database	Date:
	Interview Scheduled	Date:

MCRS Volunteer Application

Personal Information			
Last name:		Given Name(s):	
Address (Street Number & Name):			Apt/Unit #:
City:	Province:	Postal Code:	Home Phone:
Cell Phone:		Email Address:	
Preferred Method of Communication: <input type="checkbox"/> Email <input type="checkbox"/> Phone			
MCRS sends out a monthly Volunteer Newsletter via e-mail, which keeps volunteers up to date on the things they need to know, upcoming events and trainings. I consent to be added to the MCRS volunteer mailing list (you can unsubscribe at any time): <input type="checkbox"/> Yes <input type="checkbox"/> No			

Profile (for statistical purposes only)	
Age Category: <input type="checkbox"/> 14-18 <input type="checkbox"/> 19-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-64 <input type="checkbox"/> 65+	Are you 14 years of age or older?*
	<input type="checkbox"/> Yes <input type="checkbox"/> No
Place of Birth (Country):	

** Please note: volunteers must be at least 14 years or older in order to volunteer at MCRS*

Areas of Interest	
<input type="checkbox"/> Office Support	<input type="checkbox"/> Interpreter (spoken) Language:
	<input type="checkbox"/> Translator (written) Language:

Time available to volunteer (please indicate all times you are available)					
Day/Time	Monday	Tuesday	Wednesday	Thursday	Friday
9:00 am- 12:30 pm					
12:30pm- 4:00 pm					
Are you interested in occasionally volunteering at other times? (i.e. evenings/ Saturdays) <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you able to commit to actively volunteer for a minimum of 4 months? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Education/ Training
Education:
Training: (courses, certifications etc.):
Occasionally we have extra training opportunities available for our volunteers. Would you be interested in being contacted for these opportunities? <input type="checkbox"/> Yes <input type="checkbox"/> No

Placements	
Self- Declared placement with the Region of Waterloo: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Placement Start Date:	Placement End Date:
Student Placement: <input type="checkbox"/> Yes <input type="checkbox"/> No	Educational Institution:
Placement Start Date:	Placement End Date:

Volunteer/ Work Experience		
Employer/Organization:	Role:	Duration:
Employer/Organization:	Role:	Duration:
Employer/Organization:	Role:	Duration:

Why do you want to volunteer at MCRS? What do you want to gain from this experience?

Volunteer Reference Release and Information

Please list two people who know you well, who are not family members, and who can attest to your character, skills, and dependability. If possible please include your current or last employer.

I _____ (please print name) authorize the volunteer coordinator at MCRS to contact the following people to supply any relevant information they may have concerning my suitability as a volunteer with MCRS.

1	Name of Contact Person:		Relationship to you:
	Phone:	E-mail:	Length of relationship:
2	Name of Contact Person:		Relationship to you:
	Phone:	E-mail:	Length of relationship:

Acknowledgement

Please read the following carefully before signing this application:

I have reviewed the MCRS Volunteer Application Package. I understand that all volunteers undergo a screening process which includes an interview, reference checks, police checks and attending an orientation and training session as scheduled by the Volunteer Coordinator.

I understand that this is an application for volunteering at the Mennonite Coalition for Refugees [MCRS] and not a commitment or promise of a volunteer opportunity with MCRS.

I certify that I have and will provide information throughout the selection process, including this application for a volunteer position and in interviews with MCRS that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavourably affect my application for a volunteer position.

I understand that information contained on my application will be verified by MCRS.

I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with MCRS or my termination as a volunteer.

I understand that I must provide an original copy of a Police Records Vulnerable Sector Check in order to volunteer with MCRS. I understand that I may not be able to volunteer before the Police Check is returned and that the results of this check must be satisfactory to the organization.

Signature of applicant: _____ Date: _____

NOTE: Questions regarding the collection of personal information on this form should be directed to the MCRS Volunteer Coordinator, [519-571-1912 ext. 103](tel:519-571-1912), volunteer@mcrs.ca