



Intercultural Host Application Form

The Definition of a YMCA Connections Volunteer: A YMCA Connections Volunteer is defined as anyone who willingly gives time to help a new immigrant adjust to life in Canada.

Last Name: _____ First Name: _____

Birth Date: _____ Gender Male Female
Day/Month/Year

Address: _____ BC _____
Apt# Number & Street City Province Postal Code

Phone: (Home) _____ (Cell) _____ **Email:** _____

Emergency Contact: _____ Phone #: _____ Relationship: _____

What is the best time to contact you?

- Morning Afternoon Evening (After 6:00 PM)

If your spouse/partner will be volunteering with you please provide their name and contact information below. They will be required to fill out a separate application form.

Spouse/Partner's Last Name: _____ First Name: _____

Phone Number: _____ Email Address: _____

Children/Dependents:

Last Name: _____ First Name: _____

Birth Date: _____ School Name: _____ Grade _____ Gender: M F
Month/Day/Year (if applicable)

Last Name: _____ First Name: _____

Birthdate: _____ School Name: _____ Grade _____ Gender: M F
Month/Day/Year (if applicable)

Last Name: _____ First Name: _____

Birthdate: _____ School Name: _____ Grade _____ Gender: M F
Month/Day/Year (if applicable)

1. Were you born in Canada? Yes No

1 a. If not, what is your country of origin? _____

1 b. If not, how long have you lived in Canada? _____

1 c. What is your first language? _____

2. What other languages do you speak fluently?

The following questions will help us to set up the best possible match for you. Please provide as much information as possible.

3) Are you married? Yes No

4) Do you have children? Yes No

If you have young children, please tell us how old they are: _____

5. What motivates you to become a volunteer host? What are you hoping to gain by this experience?

6. What kind of support would you like to give to a newcomer?

7. We have many newcomers, from skilled immigrants to refugee families. Do you have a preference for the type of immigrant you would like to work with? Yes No

If yes, please elaborate: _____

8. What is your occupation? _____

9. What are your hobbies?

Sports/Physical: What sports do you like? _____

Outdoor Activities (hiking, walking, bike riding) Please list: _____

Music: Please list instruments you play: _____

Crafts: Please list (sewing, pottery etc): _____

Cultural/Artistic (going to the theatre, symphony, museums, opera etc): _____

Movies: What kind of movies do you like? _____

Community Events (Festivals, parades) Sightseeing Shopping Cooking

Other: please list _____

10. Do you smoke? Yes No

11. If no, are you willing to be matched with a smoker? Yes No

12. Have you previously worked cross-culturally or with new immigrants? Yes No

If yes, please explain: _____

13. When are you available to volunteer? (There are 2 or 3 meetings per month of approximately 2-3 hours.)

Weekdays (Mon-Fri) Weeknights (Mon-Fri) Weekends (Sat and Sun)

Days/Times Unavailable: _____

14. How did you hear about the YMCA Connections Program?

15. References: (i.e. people you have known for at least one year and to whom you are not related.) Please provide **both** an email address and phone number.

1) **Name of Reference:** _____ **Phone #:** _____

Email: _____ **Relationship:** _____

2) **Name of Reference:** _____ **Phone #:** _____

Email: _____ **Relationship:** _____

3) **Name of Reference:** _____ **Phone #:** _____

Email: _____ **Relationship:** _____

I hereby authorize the YMCA of Greater Vancouver to contact my references as required.

Signature of Applicant: _____ **Date:** _____

PRIVACY STATEMENT
Important Information About Your Privacy

The YMCA of Greater Vancouver is committed to protecting personal information by following responsible information handling practices, in keeping with privacy laws.

We collect, use and disclose personal data in order to better meet your service needs, to ensure the safety of our participants, for statistical purposes, to inform you about the YMCA program or service in which you are registered, and to satisfy government and regulatory obligations.

For more information on the YMCA's commitment to privacy, please visit our web site at www.vanymca.org

Please check the following boxes, if you are in agreement:

- I understand that any volunteer work will be contingent upon a successful criminal record search and completion of the YMCA Statement of Understanding.
- I give the YMCA of Greater Vancouver permission to use my photograph for the purposes of promoting YMCA programs.

I hereby certify that the information provided in this application is true and factual.

Print name: _____ Signature: _____

Date: _____
Month/Day/Year

Thank you for completing the application. We appreciate your interest in contributing your time and skills to the YMCA Connections Program. We will be in contact with you within 14 days of receipt of this application. Please return the completed form in person, by fax or by mail to:

YMCA Connections
Robert Lee YMCA
Community Programs
955 Burrard St., Vancouver, BC V6Z 1Y2
Tel: 604-685-8066 Fax: 604-684-3255
Email: esl@vanymca.org