

## I.B.P.S. Edmonton 【Volunteer Application Form】

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| Name                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                        |           |          | Date      | <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Year</span> <span>Month</span> <span>Day</span> </div> |                                                              |  |  |
| Date of Birth         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Year</span> <span>Month</span> <span>Day</span> </div> |           |          | Age       |                                                                                                                                        | Gender <input type="checkbox"/> F <input type="checkbox"/> M |  |  |
| Contact Information   | Home                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                        |           |          |           | Cell                                                                                                                                   |                                                              |  |  |
|                       | Email                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                        |           |          |           |                                                                                                                                        |                                                              |  |  |
| Address               | <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Street Address</span> <span>City</span> <span>Province</span> <span>Postal Code</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                        |           |          |           |                                                                                                                                        |                                                              |  |  |
| Occupation            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                        |           |          | Education |                                                                                                                                        |                                                              |  |  |
| Volunteer experiences |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                        |           |          |           |                                                                                                                                        |                                                              |  |  |
| Language              | <input type="checkbox"/> Mandarin <input type="checkbox"/> Cantonese <input type="checkbox"/> English <input type="checkbox"/> Others                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                        |           |          |           |                                                                                                                                        |                                                              |  |  |
| Hobbies & Expertise   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                        |           |          |           |                                                                                                                                        |                                                              |  |  |
| Area(s) of Interest   | <div style="display: flex; flex-wrap: wrap; padding: 5px;"> <div style="width: 25%;"><input type="checkbox"/> Reception</div> <div style="width: 25%;"><input type="checkbox"/> Library Maintenance</div> <div style="width: 25%;"><input type="checkbox"/> Chanting for Funerals</div> <div style="width: 25%;"><input type="checkbox"/> Usher</div> <div style="width: 25%;"><input type="checkbox"/> Floral Arrangement</div> <div style="width: 25%;"><input type="checkbox"/> Decoration</div> <div style="width: 25%;"><input type="checkbox"/> Artwork Design</div> <div style="width: 25%;"><input type="checkbox"/> Maintenance</div> <div style="width: 25%;"><input type="checkbox"/> Kitchen</div> <div style="width: 25%;"><input type="checkbox"/> Dining Service</div> <div style="width: 25%;"><input type="checkbox"/> Cleaning</div> <div style="width: 25%;"><input type="checkbox"/> Transportation</div> <div style="width: 25%;"><input type="checkbox"/> Community Care</div> <div style="width: 25%;"><input type="checkbox"/> Photography</div> <div style="width: 25%;"><input type="checkbox"/> Videography</div> <div style="width: 25%;"><input type="checkbox"/> Translation</div> <div style="width: 25%;"><input type="checkbox"/> Desktop Publishing</div> <div style="width: 25%;"><input type="checkbox"/> Professional Writing</div> <div style="width: 25%;"><input type="checkbox"/> Graphic Design</div> <div style="width: 25%;"><input type="checkbox"/> Editing</div> <div style="width: 25%;"><input type="checkbox"/> Web Design</div> <div style="width: 25%;"><input type="checkbox"/> Software Design</div> <div style="width: 25%;"><input type="checkbox"/> Hardware Maintenance</div> <div style="width: 25%;"><input type="checkbox"/> Data Entry</div> <div style="width: 50%;"><input type="checkbox"/> Networking Management</div> <div style="width: 50%;"><input type="checkbox"/> Data Base Management</div> <div style="width: 50%;"><input type="checkbox"/> Multi Media Hardware</div> <div style="width: 50%;"><input type="checkbox"/> Multi Media Software</div> </div> |                                                                                                                                        |           |          |           |                                                                                                                                        |                                                              |  |  |
| Availability          | Check all that apply                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                        |           |          |           |                                                                                                                                        |                                                              |  |  |
|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Tuesday                                                                                                                                | Wednesday | Thursday | Friday    | Saturday                                                                                                                               | Sunday                                                       |  |  |
|                       | Morning                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                        |           |          |           |                                                                                                                                        |                                                              |  |  |
|                       | Afternoon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                        |           |          |           |                                                                                                                                        |                                                              |  |  |
|                       | Others                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                        |           |          |           |                                                                                                                                        |                                                              |  |  |
| Emergency Contact     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Name                                                                                                                                   |           |          |           |                                                                                                                                        | Phone Number                                                 |  |  |
| Remarks               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                        |           |          |           |                                                                                                                                        |                                                              |  |  |

