



The African-Canadian Resource Network (ACRN)

Volunteer Form

Please tick the boxes to indicate that you have read, understood and do support the ACRN's;

- a. Mission b. Values c. Objectives

Kindly tick the boxes as required:

- d. I want to become a member of the ACRN
e. I do not want to become a member of the ACRN at this moment
f. I commit to serve the interest of the ACRN

Volunteer Opportunities

In order for us to match your skills and expectations to the volunteer opportunities in our network, please complete the following self-assessment form.

1. What would you like to see done in your work with the African-Canadian Resource Network?

2. What would you like to accomplish as a volunteer with the African-Canadian Resource Network?



Skills and Experience

3. Identify what skills and experience you have that would assist the African-Canadian Resource Network in accomplishing its tasks (Tick appropriate spaces).

	Skills I am competent in, and enjoy using	Skills I am competent in, but do not enjoy using	Skills I want to learn or to improve my level of competency
Writing			
Public speaking			
Computer software/ hardware			
Accounting/ bookkeeping			
Desktop publishing			
Researching			
Graphic design			
Legal Issues			
Marketing and promotion			
Organizing events			
Social media			
Board work			
Committee work			
Facilitation			
Developing policy			
Other: please specify			



4. Identify what activities you would like to be more involved with. (Tick appropriate space)

	Activities I am competent in, and like doing	Activities I am competent in, but do not like doing	Activities I want to learn or to improve my competency
Attending meetings			
Preparing written reports			
Updating computer database			
Speaking to groups			
Chairing meetings			
Research and information analysis			
Bookkeeping			
Translating			
Writing funding proposals			
Implementing programs			
Public relations			
Social media			
Organizing social events			
Cultural celebrations – Mosaic pavilion etc.			
Career mentorship			
Research and advocacy			
Sports coach			
Support new comers			
Support integration			
Others:			



5. How do you prefer to work? a. Alone b. with others

6. Approximately, how much time can you spend volunteering?

Per week? _____

Per month? _____

7. When is it convenient for you to volunteer? (Please state available days and time)

8. Comments:

Contact Information

Name: _____

Phone Number: home _____ work _____ cell: _____

Email Address: _____

Initial/Signature:-----/----- Date:-----/-----/-----

YYYY/MM/DD