





## VOLUNTEER APPLICATION FORM *continued*

Please describe your current or past work, volunteer or education experience:

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Please share some of your personal reasons for becoming a MCAF volunteer and what you hope to gain from the experience:

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### REFERENCES

#### Reference #1

Name

Relationship

Phone #

Email

#### Reference #2

Name

Relationship

Phone #

Email

#### Reference #3

Name

Relationship

Phone #

Email

### FOR VOLUNTEERS LESS THAN 16 YEARS OF AGE:

I agree to give permission for my children to participate in volunteer activities for MCAF and to receive emergency treatment, if necessary. I hereby release the Multicultural Association of Fredericton from all claims arising from any accident, loss, injury which are caused by or arising from such participation or treatment.

Parent/Guardian Name: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Once your application is completed please email to [community-liaison@mcaf.nb.ca](mailto:community-liaison@mcaf.nb.ca)