



Dear Applicant:

Thank you for your interest in exploring volunteer opportunities with Toronto City Mission. We look forward to meeting you in person so that together we can explore the possibility of finding a good match for you and for Toronto City Mission.

Toronto City Mission is a Christian organization that breaks cycles of poverty in at-risk communities in the City of Toronto. We provide programs that are educational, improve social skills and most importantly encourage spiritual growth. This is accomplished by building long lasting and loving relationships with the children, adults and families in these communities.

Enclosed are the forms required to apply for a volunteer position. We require the following documents:

- Volunteer Application
- 2 references (please choose from 2 of the 3 options)
- Signed Statement of Faith

Once this is completed, please deliver or mail the documents to **Toronto City Mission, Attention: Volunteer Resources**, 2610 Birchmount Rd. Scarborough, ON, M1W 2P5.

Our website at [www.torontocitymission.com](http://www.torontocitymission.com) can provide more information about our mission. You will also find descriptions of our programs and a list of current volunteer opportunities.

Our central office is located at 2610 Birchmount Rd. where our administrative and support staff are located. In addition, we have five ministry sites which are located at Willowtree (Yonge & Finch), St. James Town (Bloor & Sherbourne), Steeles/L'Amoreaux (Warden & Finch), Malvern (Morningside Rd. & Sheppard) and Jane-Finch.

We hope that you will prayerfully consider joining our volunteer team. Toronto City Mission is committed to providing a safe and secure environment for all our program participants and volunteers. Therefore, we do carefully screen all our volunteers. This means that, after completing and returning the enclosed application forms, we will conduct a personal interview, check your references, and for some programs we will also require you to clear a vulnerable sector police records check and/or to sign a statement of faith. You will also be required to attend an orientation and training session to prepare you for your volunteer position at the mission.

If you have any further questions about our programs, or about Toronto City Mission in general, visit our website at [www.torontocitymission.com](http://www.torontocitymission.com). You can also contact us by phone at 416-922-6223 or e-mail us at [esong@torontocitymission.com](mailto:esong@torontocitymission.com). I look forward to hearing from you.

Sincerely,

Eric Song  
Volunteer Engagement Coordinator  
416-922-6223  
[esong@torontocitymission.com](mailto:esong@torontocitymission.com)

# Toronto City Mission Volunteer Application

**Please indicate the site(s) you wish to volunteer at:**

\_\_\_\_\_  
Name

Jane/Finch

\_\_\_\_\_  
Address

Malvern

Steeles/L'Amoreaux

\_\_\_\_\_  
City Postal Code Phone Number

St. James Town

Willowtree

\_\_\_\_\_  
Email Address

TCM Office

Volunteers are a vital component of the overall functioning of TCM. We have many opportunities for volunteers and seek to find the one(s) that suit(s) you best. In the following list of activities please indicate the ones in which you are most interested.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Children's Programs  | <input type="checkbox"/> Summer/March Break Day Camps | <input type="checkbox"/> Media/Photography           |
| <input type="checkbox"/> Youth Programs       | <input type="checkbox"/> Childcare Worker             | <input type="checkbox"/> Beach Volleyball Tournament |
| <input type="checkbox"/> Women's Programs     | <input type="checkbox"/> Mentoring                    | <input type="checkbox"/> Event Planning              |
| <input type="checkbox"/> Tutoring             | <input type="checkbox"/> Teaching a Skill             | <input type="checkbox"/> Computer/Office Work        |
| <input type="checkbox"/> Music                | <input type="checkbox"/> ESL                          | <input type="checkbox"/> Computer Maintenance        |
| <input type="checkbox"/> Employment Mentoring | <input type="checkbox"/> Driver (with F license)      | <input type="checkbox"/> Phoning                     |

If you wish to elaborate on any of these items or share other skills/talents/hobbies you would like to offer, please do so: (Example. art, cooking, crafts, dance, drama, sports, etc)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please circle the times you have available to volunteer with us

.	Monday	morning	afternoon	evening
	Tuesday	morning	afternoon	evening
	Wednesday	morning	afternoon	evening
	Thursday	morning	afternoon	evening
	Friday	morning	afternoon	evening

I prefer to work  alone  as part of a team  with a small group

I prefer to work with  Children  Youth  Adults

## References

We require 2 references. Please choose from 2 of the 3 attached reference forms: [1] a pastor, minister or youth worker, [2] an employer, volunteer supervisor or teacher, [3] a peer-level personal acquaintance. **(References should not include your family members, relatives, or TCM staff members.)**

Name and Address of your Church (if you attend regularly)

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Name of Church

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Address

City

Postal Code

Phone Number

How did you hear about us? \_\_\_\_\_

Have you ever been convicted of a criminal offence for which a pardon has not been granted?

Yes       No

I hereby certify that the facts given on this application are true and complete to the best of my knowledge. I understand that if I am accepted as a volunteer and portions of this application are found to be false, it is sufficient cause for my dismissal. I understand that to become a volunteer at Toronto City Mission will require a personal interview, good references, and some positions may require a clean police reference check and/or a signed statement of faith.

*Note: Toronto City Mission respects your privacy, all information that is provided is strictly confidential.*

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

Signature of Parent or Guardian \_\_\_\_\_  
(only required if applicant is under 18 years of age)

### PLEASE MAIL THIS FORM TO:

**Toronto City Mission**  
Attention: Volunteer Resources  
2610 Birchmount Road  
Scarborough, ON M1W 2P5

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#### FOR TCM STAFF USE ONLY

Contacted      Date \_\_\_\_\_ By \_\_\_\_\_

Interviewed      Date \_\_\_\_\_ By \_\_\_\_\_

References Checked

1. \_\_\_\_\_ (Name) Date \_\_\_\_\_ By \_\_\_\_\_

2. \_\_\_\_\_ (Name) Date \_\_\_\_\_ By \_\_\_\_\_

Placement \_\_\_\_\_ Date \_\_\_\_\_

# Toronto City Mission - Reference Form

## Pastor, Minister, or Youth Worker

Name of Applicant: \_\_\_\_\_

Type of Position Applying For: \_\_\_\_\_

The individual named above has applied to volunteer with Toronto City Mission. Your name has been given as a reference. We would appreciate your honest and complete evaluation of the applicant. Feel free to use other paper to explain or continue your comments where necessary.

How long have you known the applicant? \_\_\_\_\_

In what capacity do you know him/her? \_\_\_\_\_

Do you feel the applicant has an active and vital relationship with Jesus Christ? How is this demonstrated to others both within and outside the Christian community?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### General Qualities

	Above Average	Average	Fair	Poor
Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Assume Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to get along with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Cooperate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work with Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response to Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you know of any reason why this person would not be an effective volunteer at Toronto City Mission?

Yes  No

Is the applicant the kind of person who you would entrust with the care of children or youth?

Yes  No

Is there any further information that would assist us in the consideration of this applicant?

Please comment. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for assisting us by filling out this form.

**THIS FORM IS CONFIDENTIAL, PLEASE MAIL IT DIRECTLY TO:**

**Toronto City Mission**  
Attention: Volunteer Resources  
2610 Birchmount Road  
Scarborough, ON M1W 2P5  
Tel. (416) 922-6223 Fax. (416) 924-3071

Name of Reference \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

Postal Code \_\_\_\_\_ Telephone \_\_\_\_\_

E-mail Address \_\_\_\_\_

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

# Toronto City Mission - Reference Form

## Employer, Volunteer Supervisor, or Teacher

Name of Applicant: \_\_\_\_\_

Type of Position Applying For: \_\_\_\_\_

The individual named above has applied to volunteer with Toronto City Mission. Your name has been given as a reference. We would appreciate your honest and complete evaluation of the applicant. Feel free to use other paper to explain or continue your comments where necessary.

How long have you known the applicant? \_\_\_\_\_

In what capacity do you know him/her? \_\_\_\_\_

### General Qualities

	Above Average	Average	Fair	Poor
Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Assume Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to get along with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Cooperate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work with Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response to Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is the applicant the kind of person you would entrust with the care of children or youth?

Yes  No

Please comment. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please describe the applicant's most relevant strengths and weaknesses in light of the position mentioned at the top of this reference form.

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Is there any further information which would assist us in the consideration of this applicant?

Please comment. \_\_\_\_\_

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Thank you for assisting us by filling out this form.

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**Toronto City Mission**  
Attention: Volunteer Resources  
2610 Birchmount Road  
Scarborough, ON M1W 2P5  
Tel. (416) 922-6223 Fax. (416) 924-3071

Name of Reference \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

Postal Code \_\_\_\_\_ Telephone \_\_\_\_\_

E-mail Address \_\_\_\_\_

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

*TCM - Employer, Volunteer Supervisor, or Teacher*

# Reference Form - Toronto City Mission

## Personal Acquaintance

(Personal reference must be someone other than a family member or TCM staff member)

Name of Applicant: \_\_\_\_\_

Applying For Position of: \_\_\_\_\_

The individual named above has applied to volunteer with Toronto City Mission. Your name has been given as a reference. We would appreciate your honest and complete evaluation of the applicant. Feel free to use other paper to explain or continue your comments where necessary.

How long have you known the applicant? \_\_\_\_\_

In what capacity do you know him/her? \_\_\_\_\_

### General Qualities

	Above Average	Average	Fair	Poor
Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Assume Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to get along with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Cooperate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work with Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response to Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is the applicant the kind of person you would entrust with the care of children or youth?

Yes  No

Please comment. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please describe the applicant's most relevant strengths and weaknesses in light of the position mentioned at the top of this reference form.

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Is there any further information that would assist us in the consideration of this applicant?

Please comment. \_\_\_\_\_

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Thank you for assisting us by filling out this form.

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**Toronto City Mission**  
Attention: Volunteer Resources  
2610 Birchmount Road  
Scarborough, ON M1W 2P5  
Tel. (416) 922-6223 Fax. (416) 924-3071

Name of Reference \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

Postal Code \_\_\_\_\_ Telephone \_\_\_\_\_

E-mail Address \_\_\_\_\_

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

*TCM – Personal Acquaintance Reference*

# Toronto City Mission

## STATEMENT OF FAITH

All members of the TCM team join together in affirming the following statement of faith. A condition of permanent employment is the ability to wholeheartedly affirm this statement.

The Toronto City Mission believes that:

1. The canonical Scriptures of the Old and New Testament are "God's Word written inspired, authoritative and trustworthy, sufficient for salvation, living and powerful" as God's guidance for belief and behaviour.
2. There is one God, eternally existent in three Persons: Father, Son and Holy Spirit.
3. Our Lord Jesus Christ is God manifest in the flesh; we affirm His virgin birth, sinless humanity, divine miracles, bodily resurrection, ascension, ongoing mediatorial work, and personal return in power and glory.
4. The salvation of lost and sinful humanity is possible only through the merits of the shed blood of the Lord Jesus Christ, received by faith apart from works, and is characterized by the regeneration by the Holy Spirit.
5. The Holy Spirit enables believers to live a holy life, to witness and work for the Lord Jesus Christ.
6. The Church, the Body of Christ, consists of all true believers.
7. Those who accept Christ as Lord and Saviour will spend eternity with God and enjoy His glory and riches.

*I have carefully read the Statement of Faith, and affirm my wholehearted agreement with it.*

<i>Signature</i>	<i>Date</i>
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For occasional volunteers and others who participate in our programs but are unable to commit to the above statement;

*I agree that I will not do anything to contradict the above Statement of Faith and I understand that I will not be asked to teach Christian studies.*

<i>Signature</i>	<i>Date</i>
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\_\_\_\_\_  
Please print your name here

*Adopted by the Board of Directors, March 1996*

*Revised: January 26<sup>th</sup>, 2006*