



TNO Volunteer/Placement Student Application

FOR OFFICE ONLY <i>Please circle</i> Volunteer/Placement	Client ID:	Intake Date:	Notes:
First Day of Assignment:	Volunteer/Placement ID:	Staff Supervisor:	Program:

PERSONAL INFORMATION:

Adult (18+ years) Youth (under 18 years)

First Name: _____ Last Name: _____

Address: _____ Unit #: _____

City: _____ Province: _____ Postal Code: _____

Do you require accommodation for accessibility in accordance with the Accessibility for Ontarian with Disability Act (AODA)?

No Yes (Please specify): _____

CONTACT INFORMATION:

Home Phone No.: _____ Cell Phone No: _____

Email: _____

Emergency Contact:

1. Name: _____ Relationship: _____ Phone No: _____

2. Name: _____ Relationship: _____ Phone No: _____

MOST RECENT OR HIGHEST EDUCATION/TRAINING:

	Year/Grade	Name of Education Facility	Program	Degree	Diploma	Certificate
High School			Not Applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
College				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
University				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Skills:

Language Known:	Read	Write	Speak	Language Known:	Read	Write	Speak
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AREAS OF VOLUNTEERING:

Areas of Interest – Please check-off the program(s) which you are interested in					
Name of Program	Name of Service	×	Name of Program	Name of Service	×
CORE	Office Admin./Reception	<input type="checkbox"/>	Senior Services	Activity Facilitation	<input type="checkbox"/>
	IT Support	<input type="checkbox"/>		Activity Assistance/Administration	<input type="checkbox"/>
	Outreaching	<input type="checkbox"/>		Other:	<input type="checkbox"/>
	Other:	<input type="checkbox"/>		Girlz Program	<input type="checkbox"/>
Settlement Services	Multicultural Women’s Group	<input type="checkbox"/>	Youth Services	Mentorship	<input type="checkbox"/>
	English Conversation Group	<input type="checkbox"/>		Sports Activities	<input type="checkbox"/>
	Live-In Caregivers	<input type="checkbox"/>		Other: _____	<input type="checkbox"/>
	Other:	<input type="checkbox"/>		Over the Rainbow	<input type="checkbox"/>
Employment, Language & Training	Employment Centre Assistant	<input type="checkbox"/>	Child & Family & Services	English Conversation	<input type="checkbox"/>
	English Conversation Group	<input type="checkbox"/>		Homework Club (7-12 years)	<input type="checkbox"/>
	Workshop Instructor:	<input type="checkbox"/>		Other:	<input type="checkbox"/>
	Other:	<input type="checkbox"/>			<input type="checkbox"/>
Community Development	Special Projects	<input type="checkbox"/>	Other:		<input type="checkbox"/>
	Special Events	<input type="checkbox"/>			<input type="checkbox"/>
	Other:	<input type="checkbox"/>			<input type="checkbox"/>

Availability During the Week:							
Day	# Hours	AM	PM	Day	# Hours	AM	PM
Monday				Thursday			
Tuesday				Friday			
Wednesday				Saturday			
Total hours per week willing to contribute:							
Available start date:							

Thank you for completing the Volunteer/Placement Student Application. You will be contacted to arrange next steps.