



## Volunteer/Placement Student Application

<b>FOR OFFICE ONLY</b> <i>Please circle</i> <b>Volunteer/Placement</b>	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			
<b>Total hours per week willing to contribute:</b>							
<b>Available start date:</b>							

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