



VOLUNTEER APPLICATION

PLEASE PRINT

All volunteer information is held in strictest confidence and will be used only by DeafBlind Ontario Services to match an individual to a suitable position, in collection of statistical information or in trend studies. Please note, all applications will be kept on file for a minimum of six months.

Personal Contact Information

First/Preferred Name _____ Surname _____

Address _____
Street Apt/Unit

City Province Postal Code

Phone () - () -
Home Cell Email

Emergency Contact Information

First/Preferred Name _____ Surname _____

Relationship to you _____

Phone () - () -
Home Cell Email

I would like to receive correspondence (volunteer information, fundraising initiatives and newsletter) via...

- Address above
 Email above
 No contact please

Areas of volunteering I am interested in: (√ all that apply)

- Board Member Special Event Committee
 Client Support Worker* Special Events (day of)
 Administrative Support Yard Work
 Volunteer Coordinator Student Placement* (DSW, PSW, SSW, GBC, etc.)

* requires a criminal records check with vulnerable sector at own expense

I am available to volunteer: (√ all that apply)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings							
Afternoon							
Evenings							

Hours willing to commit (weekly):

- 4 or less
 4-6
 7-10
 10-15
 15-25
 25+

I am interested in committing to:

- Less than 1 year
 1 year
 1 year +
 Specific event/project

I am currently:

- Employed Full/Part Time at _____ Position _____
 Formerly employed at _____ Position _____
 Seeking employment
 Retired from a career as _____
 College / University / High School student at _____
 Volunteering with _____ Position(s) _____
 Other (*please specify*) _____
 Resume attached

How did you hear about us?

- Charity Village Newspaper Volunteer Centre
 DeafBlind Ontario Services website Referral _____
 Other (please state) _____

References:

- If selected for an interview I will provide at least 2 professional references (family and friends will not be accepted)

Applicant's Signature

DeafBlind Ontario Services
Representative's Signature

Date

Date

Please send completed applications to:

Director of Development & Communications
17665 Leslie Street, Unit 15
Newmarket, Ontario L3Y 3E3

Fax (905) 853-3407
Email: ddc@deafblindontario.com