



VOLUNTEER APPLICATION

PLEASE PRINT

All volunteer information is held in strictest confidence and will be used only by DeafBlind Ontario Foundation 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 _____

Contact Info: _____
Home Phone _____ Cell _____ Email _____

Date of birth _____

(required for CRA T3010 Registered Charity Information Return)

Emergency Contact Information

First/Preferred Name _____ Surname _____

Relationship to you _____

Contact Info: _____
Home Phone _____ Cell _____ Email _____

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

☐ Address above ☐ Email above

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

- | | |
|---|--|
| <input type="checkbox"/> Board/Committee Member | <input type="checkbox"/> Special Event Committee |
| <input type="checkbox"/> Support Worker* | <input type="checkbox"/> Special Events (day of) |
| <input type="checkbox"/> Administrative Support | <input type="checkbox"/> Yard Work |
| <input type="checkbox"/> Volunteer Coordinator | <input type="checkbox"/> 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 currently:

☐ Employed Full/Part Time at _____ Position _____

☐ Formerly employed at _____ Position _____

☐ Retired from a career as _____

☐ College / University / High School student at _____

☐ Volunteering with _____ Position(s) _____

☐ Other (*please specify*) _____

How did you hear about us?

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

Applicant's Signature

DeafBlind Ontario Foundation
Representative's Signature

Date

Date

Please send completed applications to:

Sue Wookey
Director of Strategy & Governance
DeafBlind Ontario Services
17665 Leslie Street, Unit 15
Newmarket, Ontario L3Y 3E3

Email: s.wookey@deafblindontario.com