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

Date of birth _____

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/Committee Member ☐ Special Event Committee
☐ 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:

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

Email: s.wookey@deafblindontario.com