

VOLUNTEER APPLICATION FORM

1709 Bloor Street West, 2nd Floor, Toronto, ON M6P 4E5, Tel: (416) 653-3535, email: volunteer@wtss.org
1167 Weston Rd. Toronto, ON M6M 4P5, Tel: (416) 249-7946

We appreciate your interest in volunteering with West Toronto Support Services. Please complete this form and return it to our office. Please note that reference <u>letters</u> and <u>forms</u> will only be given out after completion of three months <u>with</u> thirty hours of volunteer service.

Our screening process includes a Police Records Check – any unpardoned criminal convictions will disqualify an applicant.

Personal Information:			Date	Date:	
Last Name					
77					
Address:					
City:			Postal Code		
Phone Number:			e 🗆 Work	□ Cell	
Alternate Number:		☐ Home	e 🗆 Work	□ Cell	
Email Address:					
Emergency Contact:					
Name:	ne: Phone Number:				
Background					
Are you a student?	□Yes	□ No			
Are you currently employed?	□ Yes	□ No	Position:		
Place of Employment:					
If no, are you retired?	□ Yes	□ No			
How did you hear about us?					



What languages are you comfortable with?				
	□ Read	□ Write	☐ Speak	
	□ Read	□ Write	□ Speak	
	□ Read	□ Write	☐ Speak	
Work / Volunteer Experience				
Position:		_ ⊔ Work	□ Volunteer	
Name of Organization:	Duration:			
Description:				
Position:		_ □Work	□ Volunteer	
Name of Organization:	Duration:			
Description:				
Please list any hobbies or special skills that you have that may be relevant to our clients' needs:				
What are your objectives in volunteering with us?				
		-		



Availability						
\square Monday	☐ Tuesday	☐ Wednesday	\square Thursday	☐ Friday		
\square Mornings	☐ Afternoons	☐ Evenings	☐ Weekends	□ Other		
What positions are you interested in? Please check your preferences below:						
□ *Meals on Wh	eels Driver*		□ *Transportation	on Driver		
☐ Meals on Whe	els Runner		☐ Adult Day Ser	vice		
☐ Meals on 2Wh	eelers (Bicycle)		☐ Agency Promo	otion		
☐ Wellness Programs			☐ Special Events			
☐ Telephone Rea	assurance		☐ Community D	ining Program		
\square Income Tax			☐ Friendly Visiti	ing		
☐ Office Assistan	nt					
These positions	require a valid Dri	ver's license and a c	clean driving record	d.		
References: Please provide three non-family references. At least one reference should include a person that is familiar with your work/education/volunteer history, i.e. a supervisor, co-worker, volunteer supervisor, teacher, professional, etc.						
Name:			Telephone:			
How does this per	rson know you?					
How long has this	s person known you	ı?				
Name:			Telephone:			
How does this per	rson know you? _					
How long has this	s person known you	ı?				
Name:			Telephone:			
How does this per						
How long has this	s nerson known voi	19				



Attachments			
Please mention any	y attachments that	you have included wit	h your application.
☐ Cover Letter	☐ Resume	☐ Certification	☐ Police Reference Check
☐ Other			
Permission Stater	nent		
I give West Toront discuss m suitabili		es permission to contac	et the above references in order to
Your Signature:	Your Signature:		Date:
understand that a f	alse statement ma	y disqualify me from e	complete, to my knowledge. I employment or cause my dismissal. Date:
		Tage or under, you must for West Toronto Suppo	st have a parent/legal guardian sign, ort Services.
Parent Guardian S	ignature:		Date:

We will protect and respect your privacy. Your personal information is used only for volunteer application purposes. Our Privacy Statement is available anytime, upon request. This Agency has adopted the Code for Volunteer Involvement in all its policies, practices and procedures.

Thank you for your interest in volunteering with West Toronto Support Services!

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