



When complete, please return to Community Participation
Coordinator - wendy@clapw.org, Fax: 905-427-3310
or by mail - 36 Emperor St., Ajax, On., L1S 1M7

VOLUNTEER/STUDENT APPLICATION FORM

Name: \_\_\_\_\_
First Name Last Name

Address: (please include postal code)
\_\_\_\_\_

Phone Number (Home): \_\_\_\_\_ (Work): \_\_\_\_\_

Email: \_\_\_\_\_

Age: under 18 (specify) \_\_\_\_\_ 18-25 26 - 35 36 - 50 over 50

Emergency Contacts:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

Past Volunteer/Work Experience: (or attach resume)

Organization's Name: \_\_\_\_\_

Dates: from \_\_\_\_\_ to \_\_\_\_\_

Brief description of duties: \_\_\_\_\_

Organization's Name: \_\_\_\_\_

Dates: from \_\_\_\_\_ to \_\_\_\_\_

Brief description of duties: \_\_\_\_\_

What skills, hobbies, and interests do you have, that you feel you could share with us in your volunteer role supporting people with intellectual disabilities?

- arts and crafts group leadership public speaking child care
dancing, singing writing/literacy organizing events driving
clerical public relations swimming bowling
sewing socializing sports woodworking
others: \_\_\_\_\_

Your Availability:

Please indicate when you are most available to volunteer with Community Living:

day or evening weekdays or weekends;
year round or summer only Hours per week \_\_\_\_\_

