



VOLUNTEER APPLICATION FORM

Date: _____

PERSONAL INFORMATION

Surname: _____ Title: Dr. / Mr. / Mrs. / Miss. / Ms.

Given Name: _____ Usual Name: _____

Street: _____

City _____ Province _____ Postal Code _____

Major Intersection: _____

Home Phone No. (____) _____ Fax No. (____) _____

Home E-mail Address: _____

Work Phone No. (____) _____ Ext: _____ Fax No: (____) _____

Work E-mail Address: _____

Age Category: 20-40 40-60 60+

Do you have any medical problems of which we should be aware? _____

In case of emergency, please call: _____ Relationship: _____

Home Phone No.(____) _____ Work Phone No. (____) _____ Ext: _____

Are you a student? YES NO

Are you here for a limited time? YES NO

***Please note that all of our programs require a one year commitment.**

If yes, please specify: _____

Some of our volunteers find it useful to be able to get in touch with other volunteers. May we include your telephone number in our Volunteer Telephone Directory? YES NO

SKILLS

Languages Spoken: _____

Languages Written: _____

Medical Skills: Paramedic CPR
 First Aid Certificate Other

Administrative Skills Computer (please specify programs) _____
 Article Writing

- Recreation Skills: Crafts Art Music
 Cards/Games Bridge Exercise
- Fundraising and PR Skills: Researching potential grants Writing proposals
 Accounting Selling advertising space
 Canvassing-telephone

Personal Background (work and volunteer experience, plus any community involvement):

- Desired Position: Fundraising and PR Committee Member
 Communication Facilitator Greeter/Snack Bar
 Outreach Program Music
 Art Administration

Please indicate the day(s)/time(s) you are available so that we can try to match your interests with the times of our programs.

<u>Time Availability:</u>	<u>Morning</u>	<u>Afternoon</u>
Monday	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>

To provide our members with the best service we try to place our volunteers where they will be most comfortable. Please tell us if there is anything in your personal or professional background that we should take into account in this regard, e.g. personal experience with stroke in the family.

- Where did you hear about us? Volunteer Centre Radio/TV Library Newspaper
 Place of worship School Internet Friend
 Presentation Other _____

What motivated you to apply to the Aphasia Institute for volunteer work?

Please return completed Application to Shannon Hill, Coordinator, Volunteer Services

**73 Scarsdale Rd
 Toronto, ON M3B 2R2
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 Fax: 416 226-3706
 Email: shill@aphasia.ca**