



over **30 years** of touching lives  
and rebuilding conversation

# 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.: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Home E-mail Address: \_\_\_\_\_

Work Phone No.: \_\_\_\_\_ Ext.: \_\_\_\_\_

Work Email Address: \_\_\_\_\_

Age Category:  18-25  26-65  65+

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:  First Aid Certificate  CPR  
 Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Administrative Skills:  Computer  
(Please specific programs: \_\_\_\_\_  
\_\_\_\_\_  
 Article Writing \_\_\_\_\_

Recreation Skills:  Crafts  Art  Music  
 Cards/Games  Bridge  Exercise  
 Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Fundraising and PR Skills:  Researching potential grants  Writing Proposals  Accounting  
 Selling advertising space  Canvassing -- Telephone  
 Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Desired Position:  Fundraising and PR  Committee Member  Communication Facilitator  
 Outreach Program  Music  Fitness Assistant  
 Art  Administration  Computer Facilitator  
 Creative Writing  Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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:

Time Availability	Morning	Afternoon
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 Toronto  Radio  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  
 Tel: 416 226-3636 Ext. 17 Fax: 416 226-3706 Email: [shill@aphasia.ca](mailto:shill@aphasia.ca)