

**VOLUNTEER APPLICATION FORM**

<b>Date:</b>		
<b>First Name:</b>		<b>Last Name:</b>
<b>Address:</b>		
<b>City:</b>		<b>Province:</b>
<b>Postal Code:</b>		
<b>Home Phone:</b>	<b>Other Phone:</b>	<b>e-mail:</b>
<b>Emergency Contact</b>		
<b>Name:</b>		<b>Phone Number(s):</b>
<b>Home Phone:</b>		<b>Other Phone:</b>
<b>I have a child attending the TDSB:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO  <b>School's Name:</b>		<b>Please include the names of any other schools you would be interested/available in supporting:</b>

**LANGUAGES SPOKEN:** \_\_\_\_\_

**SKILLS/INTERESTS**

<input type="checkbox"/> Arts	<input type="checkbox"/> Drama	<input type="checkbox"/> History	<input type="checkbox"/> Office
<input type="checkbox"/> Athletics	<input type="checkbox"/> English	<input type="checkbox"/> Library	<input type="checkbox"/> Science
<input type="checkbox"/> Computers	<input type="checkbox"/> French	<input type="checkbox"/> Math	<input type="checkbox"/> Writing
<input type="checkbox"/> Crafts	<input type="checkbox"/> Geography	<input type="checkbox"/> Music	
<input type="checkbox"/> Other (Specify):			

**AVAILABILITY**

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM	AM	AM	AM	AM
PM	PM	PM	PM	PM

**PERSONAL HISTORY**

**Education and/or Work Experience:**

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**Volunteer Experience:**

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**PERMISSION TO CONTACT REFERENCES**

I \_\_\_\_\_, hereby authorize the school Principal to solicit a personal reference from the referee(s) whose names are provided in connection with my application for a placement as a school volunteer.

**REFERENCES**

<b>Name:</b>	<b>Relationship:</b>
<b>Home Phone:</b>	<b>Other Phone:</b>

<b>Name:</b>	<b>Relationship:</b>
<b>Home Phone:</b>	<b>Other Phone:</b>

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**