



Application Date	<b>For Office Use Only</b>		
	<input type="checkbox"/> <b>Data Entered</b>	<b>Initials</b>	<b>Date</b>
<b>1. Personal Data (please print)</b>			
First Name	Last Name	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address			Apt #
City		Postal Code	
Telephone (home)		Telephone (work)	
E-Mail Address		May we contact you at work?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>2. General Information</b>			
<input type="checkbox"/> Under 16 years old <input type="checkbox"/> 16-18 years old <input type="checkbox"/> 19+ (legal adult) <input type="checkbox"/> 65+ years old (mature adult)			
Please note: Applicants under the age of 16 must have parental consent to volunteer.			
I am volunteering as part of <input type="checkbox"/> High School Community Service Hours <input type="checkbox"/> Post-Secondary Field Placement <input type="checkbox"/> other			
<b>3. Volunteer Interests</b>			
(Check all that apply)			
<input type="checkbox"/> Office Support  <input type="checkbox"/> Resource Library Assistant  <input type="checkbox"/> Board of Directors Position (2 year commitment) <ul style="list-style-type: none"> <li><input type="checkbox"/> Fundraising Committee</li> <li><input type="checkbox"/> Membership Committee</li> </ul> Public Awareness and Promotion: <ul style="list-style-type: none"> <li><input type="checkbox"/> Special Events</li> <li><input type="checkbox"/> Flyer/Brochure Distributor</li> <li><input type="checkbox"/> Graphic Designer</li> <li><input type="checkbox"/> Photographer</li> </ul>	Technology: <ul style="list-style-type: none"> <li><input type="checkbox"/> Web Site - Designer / Master</li> <li><input type="checkbox"/> Assistive Technology Trainer               <ul style="list-style-type: none"> <li>▪ Kurzweil, Dragon, Inspiration</li> </ul> </li> </ul> Education: <ul style="list-style-type: none"> <li><input type="checkbox"/> Group Facilitator</li> <li><input type="checkbox"/> Program Assistant</li> <li><input type="checkbox"/> Tutoring</li> <li><input type="checkbox"/> Social Skills Program</li> <li><input type="checkbox"/> Job Fit Program</li> <li><input type="checkbox"/> Other _____</li> </ul>		
<input type="checkbox"/> Yes, please call me on short notice for specific volunteer tasks that may not be listed on this form.			

## 4. Education and Skills

My resume is attached

Yes

No

If a resume is not attached, please indicate the skills and capacities that you have to share with LDASC.

Skills and Capacities (Please attach additional page(s) if necessary)

## 5. Volunteer Statement

Please list three references

Name:

Phone Number:

1.

2.

3.

Information collected on this form is used exclusively for applicant information purposes. Additional copies will not be made and the original form will be kept in the applicant's file.

Volunteer placement will be at the discretion of the Learning Disabilities Association of Simcoe County. If necessary, a successful Police Record Check must be completed by the applicant and returned to the LDASC prior to placement.

I hereby declare that all information provided is true; furthermore, I understand that any false statements would disqualify me from earning a volunteer position, or be grounds for immediate termination from any current volunteer position.

\_\_\_\_\_  
Signature of Applicant/Parent Signature (required if applicant is under 16 years of age)

\_\_\_\_\_  
Date

**Please complete form and return to:**

**Learning Disabilities Association of Simcoe County**

**76 Mulcaster St – 2<sup>nd</sup> Floor**

**Barrie, ON L4M 3M4**

**Phone: (705) 726-5553**

**Fax: (705) 730-1416**

**Web site: [www.ldass.org](http://www.ldass.org)**

**E-mail: [ldoffice@ldass.org](mailto:ldoffice@ldass.org)**

