

Silent Voice Canada

50 St. Clair Ave East, Suite 300,
Toronto, M4T 1M9
416-463-1104

Volunteer Application Form

Name: Mr. Mrs. Ms. Miss _____

Address: _____

Postal Code: _____

Home Number: _____ voice TTY both

Work Number: _____ voice TTY both

Fax Number: _____

E-Mail: _____

Check appropriate box: deaf hearing hard of hearing

Do you speak or read any languages other than English? Please specify.

A. Employment/Education Information

1. Are you presently employed? no yes (if NO, pls. skip to next section)

Employer: _____

Position: _____

2. Are you a student? no yes (if NO, pls. skip to next section)

Name of School: _____

B. Availability

Time: weekdays weekday evenings Saturdays Sundays flexible

C. American Sign Language

How would you rate your signing skills? (Please check one)

No sign at all Beginner Intermediate Advanced Interpreter

D. Volunteer Experience

Please list and describe previous volunteer experience _____

Do you have experience in the Deaf community? yes no

If yes, please describe: _____

E. Volunteer Programs

Please check which areas you would like to volunteer:

- Programs Fundraising/Special Events
- Adult Special Assist Program
- Youth Program
- Saturday Program
- Sign Language Summer Program
- Corporate and Foundation
- Service Clubs Liason
- Silent Run
- Golf Tournament
- Board & Commitee Work Administration
- Ad hoc commitees
- Standing commitees
- Board of Directors
- Newsletter
- Public Relations
- Office Duties

F. Additional Information

1. Why would you make a good volunteer with Silent Voice Canada?

2. Is there anything else you would like us to know about yourself?

3. It is the policy of Silent Voice that all volunteers who will be working directly with clients in programs* must submit to a Criminal Reference check. Are you willing to do this?

YES NO

*** Volunteers applying for positions on the board, committees or in administration are not required to submit a Criminal Reference Check. Some volunteers will also be required to supply three references.**