

Volunteer Application Form
Centre for Independent Living in Toronto (CILT) Inc.
365 Bloor Street East, Suite 902, Toronto ON., M4W 3L3 (416) 599-2458

Date of Application: _____

Personal Information:

Name: _____

Phone: _____ **May we leave you a message? Yes No**

Email: _____

Address: _____ **Postal Code:** _____

Emergency Contact: Name _____ **Phone:** _____

How did you hear about CILT?

- | | | |
|------------------------------|----------------------------------|---------------------------|
| _____ Friend/Relative | _____ School | _____ Organization |
| _____ Flyer/Brochure | _____ Information display | _____ Workplace |
| _____ Charity Village | _____ Volunteer Centre | _____ Other |

Availability:

Please check day and time according to your usual availability.

Day	Mon	Tues	Wed	Thurs	Fri
Morning					
Afternoon					

How many hours per week _____ or month _____ would you like to volunteer?

Are you interested in occasional “on call” work (events, relief shifts, etc.) **Yes No**

Education: (Please check all that apply)

_____ **High School**

_____ **Community College: Specialty:** _____

_____ **University: Major:** _____ **Degree** _____

Experience & Skills:

Please let us know about the talents and abilities you would bring to CILT:

Languages: (other than English) spoken _____ written _____

Computer Knowledge: _____

Community Organization Experience: _____

Disability Sensitivity Experience: _____

Other areas of interest: _____

Goals:

What do you hope to achieve by volunteering at CILT?

References:

Please list two people as references. One can be a personal reference, one must be a professional reference. You must have these people fill out, and return, the attached Reference Forms.

Name _____ **Phone** _____ **Years Known** _____

Are you currently a member of CILT? _____ **Yes** _____ **No**

Signature _____

Date _____

Witness _____ **(signature)** _____ **(printed)**

Date _____