

The Bob Rumball Centre for the Deaf

Volunteer Service Application

FOR OFFICE USE ONLY:

Date Referred: _____

Department Referred To: _____

Title: Mr. Ms. Miss Mrs.

Do you have the following certificates: CPR First Aid

Name: _____

Address: _____

City: _____

Postal Code: _____

Home Phone: _____

(Voice TTY) Work Phone: _____ (Voice TTY)

E-mail: _____

Occupation: _____

Availability: (check all that apply)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings
<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons
<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings

How did you find out about us? _____

Interests, Hobbies and Skills: _____

Languages (other than English): _____ Deaf Hearing Hard of Hearing

Sign Language Level: _____

Work/Volunteer Experience (you may attach your resume):

Would you be willing to assist with the occasional special event or one time assignment? Yes No

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

Person/Number to contact in case of emergency: _____

Relationship: _____

It is the policy of the Bob Rumball Centre that all volunteers must submit to a Criminal Reference Check.

Are you willing to do this? Yes No *A small fee is required to be paid by the volunteer to do this.

No personal friends or family members. Please include email addresses when possible. **Professional references only***

Please provide us with the names and phone numbers of two references: _____

I hereby certify that the information I have provided is true and correct. I also confirm that I am 16 years of age or older.

Applicant's Signature: _____ Date: _____

***Please review the reverse side of this form and check any positions from the list of volunteer opportunities that interest you.