



T: 416. 761. 9761  
F: 416. 761. 9310  
E: info@lusoccs.org  
W: www.lusoccs.org

2295 St. Clair Ave. W., Toronto, Ontario M6N 1K9

**Volunteer Application Form**

Date: \_\_\_\_\_

Mr.     Mrs.     Miss     Ms.

Name of Applicant (Last Name, First Name): \_\_\_\_\_, \_\_\_\_\_

Address: \_\_\_\_\_

City, Province: \_\_\_\_\_, \_\_\_\_\_ Postal Code: \_\_\_\_ - \_\_\_\_

Home Tel: (    ) \_\_\_\_\_ - \_\_\_\_\_

Gender:  Male     Female

May we contact you by e-mail?  Yes     No    E-Mail Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Telephone Number: (    ) \_\_\_\_\_ - \_\_\_\_\_

**EDUCATION/ OCCUPATION:**

School/College/University attended, or currently attending: \_\_\_\_\_

Program or course of study: \_\_\_\_\_

Most recent grade, year or level completed: \_\_\_\_\_

Current Occupation: \_\_\_\_\_  Full-time     Part-time

May we contact you at your workplace?  Yes     No    Telephone: (    ) \_\_\_\_\_ - \_\_\_\_\_

**PERSONAL INFORMATION**

Have you had experience working with people with disabilities?

Have you had previous related work or volunteer experience?

Please state where and describe your role and responsibilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about Luso C.C.S.?

\_\_\_\_\_  
\_\_\_\_\_



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Why are you choosing to apply to Luso C.C.S.? (Check all that apply)

- Put spare time to good use
- Interest in community involvement
- Experience for Healthcare career
- Desire to help people with disabilities
- To establish work record
- OSSD requirement
- Other (Please explain and continue on separate sheet if necessary.)

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Please share with us something about yourself- Special interests, specialized skills i.e. CPR, fluency in languages other than English, personal history, etc. (Continue on separate sheet if necessary)

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**Programs assisted by volunteers (Check all areas of interest)**

- Recreation i.e. Drama, sports, music etc.
- Occupational & Physiotherapy i.e. Gymnastics, independence programs, Sauna Therapy etc.
- Language Classes i.e. E.S.L. class, Portuguese class
- Cooking classes
- Computer Training i.e. Typing, internet, word, excel etc.
- Administrative Support i.e. Clerical administration, data entry, answer phone etc.
- Community Relations & Special Events i.e. Dinner Dance, guest speaking, entertainment, fundraising, etc.
- Building and Property i.e. Gardening, woodworking, seasonal projects etc.
- Where need is greatest



**Availability**

**When are you able to volunteer?**

Morning                       Afternoon                       Evening                       All Day

Weekends                       Where need is greatest

**How many hours per week could you be available? \_\_\_\_\_**

Year Round                       Yes                       No

Seasonal (e.g. spring/summer)                       Yes                       No

Could we call you to volunteer on short notice?                       Yes                       No

Please indicate below the days and times you could be available: (Check all that apply)

Mon.     Tues.     Wed.     Thurs.     Fri.     Sat.

Morning     Afternoon     Evening

**Screening**

Have you ever been convicted of a crime for which no pardon has been granted?

Yes     No

If requested, would you be willing to obtain a current Police Records Check?

Yes     No

Two references are required: one academic, workplace (from supervisor), or charitable organization related and one attesting to personal character and integrity. Please list daytime and/or business telephone numbers. Family members are not appropriate reference sources. Reference forms can be printed from the L.C.C.S. website. Letters of reference written within the past twelve months may be acceptable provided they are dated, have the author’s signature, and have current contact telephone numbers attached.

**Authorization**

I (print name) \_\_\_\_\_, authorize L.C.C.S. to collect personal information appropriate to the position applied for and verify the character references I have supplied.

I understand that the reference information obtained will be confidential, but may be shared with relevant sources in order to obtain an appropriate volunteer position, and I verify that all the above information provided is accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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### **Volunteers under the age 18**

Volunteer positions at L.C.C.S. require that a signed Parent/Guardian consent statement for candidates under the age of 18 be provided. If this applies to you please have your parent/guardian complete the following:

#### **Parent/Guardian Consent for Applicant's under the age 18**

This is to acknowledge that (full name of applicant) \_\_\_\_\_

Is offering service on a voluntary basis with my full knowledge and consent. In case of emergency or accident, please contact \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_. Relationship to applicant \_\_\_\_\_.

If unable to contact the above emergency contact persons, L.C.C.S. has my permission to initiate appropriate emergency medical procedures.

Name of parent or guardian (printed): \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_