



Volunteer Application

Simcoe County Association for the Physically Disabled

Name

Address

Telephone

Email Address

Home	Bus

In case of emergency, please contact:

Name

Address

Telephone

Home	Bus

Do you have any experience dealing with persons with disabilities? Yes No

If Yes, Explain

Why do you want to volunteer?



Volunteer Application

Simcoe County Association for the Physically Disabled

Previous Volunteer Experience

Current Volunteer Involvement

Current Occupation

Hobbies, Interests, Special Skills

Community Affiliations



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Availability	Day Hrs.	Afternoon Hrs.	Evening Hrs.
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Some Weekends			

PERSONAL REFERENCE

Name		
Address		
Telephone	Home	Bus
Email Address		

EMPLOYMENT OR VOLUNTEER EXPERIENCE REFERENCE

Name		
Address		
Telephone	Home	Bus
Email Address		

On a scale of 1-5 where 5 is **extremely high**, rate the following:

Commitment	
Compassion	
Reliability	
Communication Skills	

Note: All volunteers are expected to participate in a Formal Orientation of the Association, its programs & services. In-service training is required for placement in some programs. Police Checks are a mandatory pre-screening tool.