



The Scottish Rite Charitable Foundation  
Learning Centre for Hamilton  
"helping children with dyslexia to read"

Learning Centre  
for Hamilton

# Volunteer Application Form

**Contact Information**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Prov \_\_\_\_\_ PC \_\_\_\_\_  
Phone(s) \_\_\_\_\_  
E-mail \_\_\_\_\_

**Type of volunteer work you are interested in**

Organizing / Planning     Fundraising     Technology     Promotion  
 Writing / Editing     Special Events     Reception     Art / Graphics  
 Other

**Days and times you are available**

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM
<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM

**Past Volunteer Experience & Special Skills**

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

**References**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Please submit this form by e-mail to: [office@dyslexiacentrehamilton.com](mailto:office@dyslexiacentrehamilton.com)