



Sudbury
Developmental
Services

Services pour handicaps
de développement
de Sudbury

245 rue Mountain Street
Sudbury, Ontario
P3B 2T8

VOLUNTEER APPLICATION FORM

Date: _____

NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

TELEPHONE: _____

AGE: 16-19 20-29 30-49 50+

LANGUAGES: English French Other: _____

SKILLS & INTERESTS:

VOLUNTEER EXPERIENCE:

Revised: June/04

Is there a particular type of volunteer experience that interests you?
Check all that apply.

- Working directly with a client *
- Working directly with a staff person as an assistant *
- Working independently in my own home or in the workplace
- Helping with general office administrative duties
- Working as a Board or Committee Member
- Participating in public speaking, fundraising, special events
- No preference
- Other: _____

(* Does not involve unionized staff responsibilities)

When are you available to volunteer?

- Flexible Days Evenings Weekends
- There are times when I cannot volunteer: _____

What date was your Police Check done? _____

Why have you chosen SDS/SHDS for your volunteer service?

REFERENCES:

Name: _____ Telephone: _____

Address: _____

Name: _____ Telephone: _____

Address: _____

Name: _____ Telephone: _____

Address: _____

Signature

Parent/Guardian if under 18 years

Please send this application to: Jacinte Martin
SDS/SHDS
245 Mountain Street
SUDBURY, Ont.
P3B 2T8