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

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
☐ AM	☐ AM	☐ AM	☐ AM	☐ AM	☐ AM
☐ PM	☐ PM	☐ PM	☐ PM	☐ PM	☐ 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