



Learning Centre
for Niagara

The Scottish Rite Charitable Foundation
Learning Centre for Niagara
"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

- | | | | |
|--|---|-------------------------------------|---|
| <input type="checkbox"/> Organizing / Planning | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Technology | <input type="checkbox"/> Promotion |
| <input type="checkbox"/> Writing / Editing | <input type="checkbox"/> Special Events | <input type="checkbox"/> Reception | <input type="checkbox"/> Art / Graphics |
| <input type="checkbox"/> 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: learningcentreniagara@outlook.com