

Volunteer Application Form

Name: _____ Date: _____

Address: _____

City: _____ Province: ON Postal code: _____

Phone (Home): _____ (Cell): _____ Other: _____

Email: _____

How did you hear about the Halton-Peel Community Aphasia Programs? Please be specific if possible (i.e., "google search" or "Healthline website")

- Website _____ Newspaper _____ Friend
 Library _____ Community Centre _____ H-PCAP Website
 School _____ Other, Please specify: _____

What motivated you to apply to the Halton-Peel Community Aphasia Programs for volunteer work?

Please tell us about your personal or professional background. (We are interested in your work and volunteer experience, plus any community involvement).

Are you over the age of 18? Yes No

Are you a student? *Yes No *If yes, please complete the question below:

School: _____ Program: _____

Will you require a written reference letter for graduate studies? Yes No

* Please note that a 9-month minimum commitment is required for H-PCAP to give a written recommendation, with a minimum 9-month notice to provide a letter of reference.

Are you able to commit for minimum 9 months? Yes No

If no, please specify: _____

We are committed to accommodating persons with disabilities as part of our volunteer recruitment process. If you have special requirements, please let us know.

Are you proficient in any languages other than English? Yes No

If yes, please specify: _____

Do you have any other interests/skills that might be useful at the program?

Our weekly programs run in 5 different communities. Please indicate your preference:

- | | | | | | |
|----------------------------|---------------------------|--------------|--------------------------|-------------|--------------------------|
| Burlington Groups: | Royal Canadian Legion: | Tuesday AM | <input type="checkbox"/> | | |
| | Wellness House: | Thursday PM | <input type="checkbox"/> | | |
| Milton Group: | Royal Canadian Legion: | Wednesday PM | <input type="checkbox"/> | | |
| Oakville Groups: | Regional Learning Centre: | Monday AM | <input type="checkbox"/> | Tuesday AM | <input type="checkbox"/> |
| Mississauga Groups: | Mind Forward: | Thursday AM | <input type="checkbox"/> | Thursday PM | <input type="checkbox"/> |
| Brampton Groups: | Bramalea Civic Centre: | Wednesday AM | <input type="checkbox"/> | Friday AM | <input type="checkbox"/> |
| | Nance Horwood Place: | Wednesday PM | <input type="checkbox"/> | Friday PM | <input type="checkbox"/> |

* For more information about program locations, please visit our website at www.h-pcap.com under "Contact Us."

In case of emergency, please call: _____

Relationship: _____ Phone (H): _____ (B): _____

To ensure that you will be a suitable volunteer for our aphasia programs, we ask that you provide us with email addresses to 2 references of people with whom you have previously worked or volunteered.

Name: _____ Email: _____

Name: _____ Email: _____

Please email, mail or fax this form along with your resume and a statement of intent to Vanessa Rotundo, Volunteer Coordinator, at VRotundo@monarchhouse.ca.

Note: A police check with Vulnerable Sector Screening is required to proceed.

Thank-you for your interest in the Halton-Peel Community Aphasia Programs!