

Application Form

Name: _____ Date: _____

Address: _____

City: _____ Province: _____ 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")

- | | | |
|--|---|---|
| <input type="checkbox"/> Website _____ | <input type="checkbox"/> Newspaper _____ | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Library _____ | <input type="checkbox"/> Community Centre _____ | <input type="checkbox"/> H-PCAP Website |
| <input type="checkbox"/> School _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Social Media |

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).

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

Are you over the age of 18? Yes No

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

School: _____ Program: _____

* Please note that our volunteer positions are highly competitive, and we receive many requests for clinical reference letters. If you require a clinical reference from an SLP for graduate studies, please contact the volunteer coordinator for details on the process.

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

If no, please specify: _____

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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: _____

Please indicate your availability (select all that apply):

	Tuesday	Wednesday	Thursday	Friday
9:30am – 11:30am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12:30pm – 1:30pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2:00pm – 4:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In case of emergency, please call: _____

Relationship: _____ Phone (H): _____ (C): _____

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 this form along with your **resume** and **statement of intent** to
Ola Kaczorowska, People and Culture Representative at ola@evergreen-therapy.ca

Note: If you are selected for a volunteer opportunity, we will require a police check with Vulnerable Sector Screening to proceed.

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