

VOLUNTEER APPLICATION FORM

We can be reached via e-mail at contact@johnhowardtor.on.ca or by calling (416) 925-4386

Personal Information:

Name: _____
First and Last and Middle

Address: _____

City, Province, Postal Code

Telephone: _____
(Daytime) (Evening)

E-mail address: _____

Why do you want to volunteer at the John Howard Society of Toronto?

Have you any academic or other qualifications or experience which you feel you could utilize as a volunteer?

Please specify. _____

Have you ever received service from or been a volunteer with any John Howard Society within the last (5) five years?

_____ yes _____ no (if yes, please specify)

Have you ever been convicted of an offence of which you have not been granted a pardon? _____ yes _____ no

Please mark with a check mark which areas of volunteer involvement you would prefer.

- | | | |
|---|---|---|
| <input type="checkbox"/> Mailbag Program | <input type="checkbox"/> Institutional Programs | <input type="checkbox"/> Direct Service/Counselling |
| <input type="checkbox"/> Addictions | <input type="checkbox"/> Anger Management | <input type="checkbox"/> Community/Public Relations |
| <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Native Outreach | <input type="checkbox"/> Literacy/Mentorship |
| <input type="checkbox"/> Employment Program | <input type="checkbox"/> Resume Assistant | <input type="checkbox"/> Fundraising Program |
| <input type="checkbox"/> Housing Program/Outreach | <input type="checkbox"/> Clerical | <input type="checkbox"/> Newsletter |

Are you computer literate? If yes, what software do you have working knowledge of?

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How many hours do you feel you can reasonably Volunteer? ___ Week ___ Month ___ Year

What days are you available? ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

Languages Spoken: ___ English ___ French (Other specify:)

Please provide us with three references. Please note references should not be family members.

Name: _____ Address: _____

Telephone: _____

Name: _____ Address: _____

Telephone: _____

Name: _____ Address: _____

Telephone: _____

Making this application, I hereby give the John Howard Society of Toronto authority to contact the persons named in references and to make enquiries with the Police and other criminal justice official as necessary to ascertain my suitability as a volunteer.

Signed: _____ Date: _____

Witness: _____ Date: _____

Please mail your application to:

The John Howard Society of Toronto
Attention: Vanessa Abel
Coordinator of Volunteer Services/Drop-In Counsellor
60 Wellesley Street West
Toronto, Ontario.
M5S 3L2.

For more information please contact:
Vanessa Abel vabel@johnhowardtor.on.ca