



## ILRC VOLUNTEER APPLICATION

Date: \_\_\_\_\_

Name (Please Print): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Start Date: \_\_\_\_\_

### GENERAL INFORMATION:

1. Where have you previously volunteered?

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2. What were your jobs/tasks there?

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3. What did you enjoy most in your previous volunteer assignments?

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4. What did you find least enjoyable?

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5. What would you consider to be the ideal volunteer job for you? Why?

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6. List your reasons for volunteering at the ILRC.

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7. How did you hear of the Independent Living Resource Centre?

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8. How long would you like your initial commitment to be?

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9. To volunteer at ILRC are there any special accommodations that need to be made? (eg: a chair with better cushioning)

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10. What mode of transportation do you use?

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11. When are you available: (Please state times available)

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

**Personal to be notified in case of accident or emergency**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\*\*\*Please note that some volunteer opportunities may require a criminal record, child and adult abuse registry checks.

## ILRC VOLUNTEER APPLICATION

The Independent Living Resource Centre reserves the right to ask for a Criminal Record check and a Child Abuse Registry within certain programs.

Independent Living Resource Centre  
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