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## **Volunteer Application Form**

As a volunteer-driven organization, the CCB Toronto Visionaries Chapter, Canadian Council of the Blind, is dedicated to breaking the isolation that so often accompanies vision loss, encouraging members to be inspired by their peers, to building supportive social networks through sharing information and engaging in a wide range of social and recreational activities.

Volunteering with us is a fantastic way to meet new people, gain valuable new skills, and more importantly, feel great about making the lives of those living with vision loss a little brighter.

As an interested applicant, kindly complete this Volunteer Application Form. The information you provide will be kept confidential.

## **Section 1: Personal Information**

## Name:

Are you 18 years of age or older?:

Are you 14 - 17 years of age?

This will help us find you the most satisfying and appropriate volunteer opportunity for you.

**Address:** 

Street Name & No.: Apartment #:

City: Province & Postal Code:

**Contact Information:** 

Mobile # Home phone #

Work # Email:

**Emergency Contact:** 

Name: Preferred contact number

**Section 2: School Information** 

(If you are seeking to Please complete this s	fulfill the Community Involvection)	ement requirement to graduat	e high school,
Grade:			
Name of School:			
School Address:			
Name of School Adm	inistrator:		
Administrator's phone			
Administrator's Emai	1		
Section 3: Expres	sion of Intention		
Please express in less Visionaries	than 200 words why you wou	ld like to volunteer with the (	CCB Toronto
Section 4: Availal	oility		
Please confirm your a	vailability by populating the l	pelow table-	
Day	From	То	
Monday	1 10111	10	
Tuesday			
Wednesday			
Thursday			

## **Section 5: Declaration**

Friday
Saturday
Sunday

In volunteering with the CCB Toronto Visionaries Chapter, Canadian Council of the Blind, I understand that I will be required to undergo an informal intake interview by phone to determine my suitability as a volunteer and to match me to a volunteer position. I will also be required to undergo mandatory skills and sensitivity training. Further, I will be required to sign a

declaration	indicating	that I have	read and	will	abide b	y the	Chapter'	s Code	of Conduc	t & 1	Ethics
policy.											

Depending on my level of volunteer involvement in the Chapter's activities, I may be required to provide references or additional documentation, undergo a formal interview, and submit to a Police Reference Check.

Signature of applicant:	Date:
In the event that you are under the age of 18 years,	the signature of a parent or guardian is
required.	
Name of Parent or guardian:	
Signature of Parent/Guardian	Date:

Thank you for your interest in volunteering with the CCB Toronto Visionaries!