



Canadian Deafblind Association

L'Association canadienne de la surdicécité

Ontario Chapter

VOLUNTEER APPLICATION - GENERAL PUBLIC

Volunteer Application

General Information

First Name:	Last Name:
Full Address (#, Street, Unit/Suite/Apt, City, Province, Postal Code):	
Phone:	Email Address:

The minimum age to volunteer at CDBA ON is 14. For many positions, the minimum age is 18. What is your age range? 14-17 years 18 years +

How did you hear about us: (check all that apply):

- Website CDBA Employee
 Social media (Facebook, Twitter) Other (please specify):

Why do you want to volunteer with us? (learn new skills/get experience, school volunteer hours, meet people, etc)

Please list any hobbies, skills or special interests:



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Availability and Interest

I am available to volunteer:

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evenings							

Comments:

I am interested in volunteering for the following (check all that apply):

Recreation/Activities

Reception/Office

Events

Pre-planning of Events

Day of Event

Please briefly share any comments/questions that you may have:

References

Please list 2 references that we can contact:

Name	Phone Number	Relationship



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Consent

Please initial on each line to acknowledge your agreement.

All potential volunteers are interviewed and must pass a screening process, which may include a police reference check with vulnerable sector check.

I consent to being contacted by CDBA ON about volunteering. I understand that I can withdraw this consent at any time.

I consent to being contacted by CDBA ON about other CDBA ON programs, services, events, campaigns, promotions and activities. I understand that I can withdraw this consent at any time.

I declare the information provided on this application form and in any other accompanying documents is complete and true. I understand failure to completely and truthfully answer the questions asked of me, when discovered will constitute grounds for immediate rejection of my application or, if already accepted as a volunteer, immediate dismissal for just cause.

I give CDBA ON permission to contact any references given.

I understand that reference reports and personal information which become part of this application will be regarded as confidential pursuant to the Freedom of Information and Protection of Privacy Act.

Applicant Signature

Date

Please send the completed application form by mail or email to:

Canadian Deafblind Association Ontario
Attention: Volunteer Coordinator
50 Main St
Paris, ON N3L 2E2

Email: volunteer@cdbaontario.com

If you have difficulty completing this form, please contact 1-877-760-7439 ext. 136.

Please note:

Applicants will only be contacted if there is a volunteer opportunity. We thank all applicants for applying to volunteer!