

**Silent Voice
Volunteer Application Form**

Volunteer Information

Last Name: _____ First Name: _____

Most Commonly Used Name: _____

Mr. Mrs. Ms. Miss. Preferred Pronoun: _____

Birthdate (month/day/year): _____

Health Card Number: _____

Address: _____

Phone: Day: _____ Voice Text TTY VRS

Evening: _____ Voice Text TTY VRS

Email: _____

*If you are under 18 years of age:

Guardian Name: _____

Place of Work: _____

Telephone at Work: _____ Voice Text TTY VRS

Telephone at Home: _____ Voice Text TTY VRS

Are you: Deaf Hard of Hearing Hearing

ASL Skill: None Beginner Intermediate Advanced Native User

Do you speak or read any other languages? (If yes, please list them) _____

Do you have a Police Check with a Vulnerable Sector Screen? Yes No

If yes, what is the date on the Vulnerable Sector Screen? _____

How did you find out about Silent Voice?

Emergency Contact Information

Last Name: _____ First Name: _____

Relationship to you: _____

Telephone at Work: _____ Voice Text TTY VRS

Telephone at Home: _____ Voice Text TTY VRS

Email: _____

Employment/ Education Information

Are you presently employed: Yes No

Employer: _____

Position Description: _____

Are you an interpreter? Yes No

If yes, how many years experience do you have?

0-5 Years 5-10 Years 10+ Years COI

Are you currently a student? Yes No

*If yes, Name of School: _____

Program: _____

Last Year Completed: _____

Volunteer Experience

Do you have volunteer experience in the Deaf community? Yes No

If yes, where? _____

Please describe your position and duties: _____

Availability

Days: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Times: Mornings Afternoons Evenings

Interested in Special Events Only?

Please check off which areas you'd like to volunteer:	Describe your skills and experience in the checked off areas:
Office/ Administration <input type="checkbox"/>	
Deaf Parenting Program <input type="checkbox"/>	
Tax Clinic <input type="checkbox"/>	
Housing Resource Centre <input type="checkbox"/>	
Child Care <input type="checkbox"/>	
Resource Gathering <input type="checkbox"/>	
Child and Youth Programs: SLSP: Trips <input type="checkbox"/> Swimming <input type="checkbox"/> Arts and Crafts <input type="checkbox"/> Sports Days <input type="checkbox"/> Special Events <input type="checkbox"/>	
Data Entry <input type="checkbox"/>	
Third Party Event Development <input type="checkbox"/>	
Fundraising <input type="checkbox"/>	
Board of Directors <input type="checkbox"/>	
Standing Committees of the Board <input type="checkbox"/>	

Special Events <input type="checkbox"/>	
Newsletter <input type="checkbox"/>	
Photography <input type="checkbox"/>	

Why would you make a good volunteer for Silent Voice?

What do you hope to get from your volunteer experience with Silent Voice?

Is there anything else you would like us to know about you?
