

**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?

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**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: \_\_\_\_\_

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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"/>	
<b>Child and Youth Programs:</b> <b>SLSP:</b> 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"/>	

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

Why would you make a good volunteer for Silent Voice?

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

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

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