

ATN Volunteer Application Form

Name: _____

Address: _____

City/Province/Postal Code: _____

Phone: (H) _____ (W) _____ (C) _____

Email: _____ Occupation: _____

1. What type of work do you wish to do for ATN?

ITAT Volunteer

TQ Lab Assistant

Job Coach

Children's Program Assistant

Computer Tech. Assistant (List skills) _____

AACCL Lab Assistant

Classroom Assistant

Fundraising

2. What objectives do you hope to realize by volunteering your time to ATN?

3. How many hours are you available for this position, and what time of day (daytime or evenings) is convenient for you?

4. Have you had any experience working with people with disabilities? If yes, please elaborate?

5. What type of computer experience do you have? What computer training have you had? What programs are you familiar with?

6. All participants in ATN's programs have some type of disability. Are you uncomfortable with any particular disability?

7. What are some of your other interests/hobbies?

IN AN EFFORT TO PROTECT PARTICIPANTS, WE MUST ASK THE FOLLOWING QUESTIONS:

Do you have a criminal record? Yes _____ No _____
Are you willing to submit to a police check? Yes _____ No _____

PLEASE PROVIDE 2 PROFESSIONAL AND 1 PERSONAL REFERENCES NO RELATIVES PLEASE.

Name: _____ Address: _____

Phone #:(H) _____ (W): _____

Time Known: _____ Relationship: _____

Name: _____ Address: _____

Phone #:(H) _____ (W): _____

Time Known: _____ Relationship: _____

Name: _____ Address: _____

Phone #:(H) _____ (W): _____

Time Known: _____ Relationship: _____

I understand that any participation on my part is purely on a voluntary basis, and that no financial remuneration for my services is involved. By signing this form, I also understand that if approved, I have committed myself to volunteer for a minimum of 10 weeks. I hereby give permission for ATN to check all references provided. I certify that all information I have provided on this form is true.

Signature

Date

ATN is a scent free environment