General Application Form For VOLUNTEERS

ACADEMIC SESSION: ____________________

LASTNAME: ___________________________ FIRSTNAME: ___________________________

ADDRESS: _____________________________ CITY: ________________________________

PROVINCE ___________________ POSTAL CODE: _______________________________

Phone# (home): ________________________ Work/Cell/Pgr/: _________________________

Email address: __________________________

Have you ever Volunteered for AccessAbility Services? _______________
If yes, please list the year you volunteered and the types of duties you performed?
________________________________________________________________________

Why do you want to volunteer, and what do you hope to gain from this experience? You
may list your volunteer experience at any other organization.
________________________________________________________________________

What duties are you interested in Volunteering at AccessAbility Services?

Volunteer Notetaker Assist with Special Events

Library support for students with visual/physical barriers

Reader-taping text material onto audio tape

Other ________________________________

I, hereby agree to act as a volunteer, and undertake all the responsibilities that come
with this volunteer position.

(Additional: You will also be required to fill out a Declaration of Confidentiality Form once you are our
official volunteer. In Addition, an official copy of your timetable will be printed off ROSI to list your
courses incase we need your services as a notetaker).

Volunteer’s Signature ___________________________ Date ___________________________