



Volunteer Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Birthdate if under 18 years of age: \_\_\_\_\_

Current occupation or area of study (please attach resume to form):  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate your volunteer availability: \_\_\_\_\_

How long do you intend to volunteer at S.L.Hunter SpeechWorks? \_\_\_\_\_

Why are you interested in becoming a volunteer at S.L Hunter SpeechWorks?  
\_\_\_\_\_  
\_\_\_\_\_

Please outline any experience/volunteer work/qualifications/hobbies relevant to volunteering at S.L. Hunter SpeechWorks.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

References: Please provide the name and contact details of two references.

#1. Name: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

#2. Name: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

What, if any, references or paperwork will you require at the end of your volunteer experience (reference letter, hours form etc)?

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By signing this form, I verify that the information supplied is true and accurate. I understand that by submitting this volunteer application form it does not guarantee me a volunteer position with S.L.Hunter SpeechWorks. There is an interview and selection process. Once selected for a volunteer position, a vulnerable sector police check and participation in volunteer orientation is required.

Signature of volunteer applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Please submit application form by:

Mail:  
S.L. Hunter SpeechWorks  
Attention: Paola Diaz, CDA & Volunteer Coordinator  
5195 Harvester Road  
Unit 4B  
Burlington, Ontario  
L7L 6E9

Email:  
[pdiaz@slhunter.ca](mailto:pdiaz@slhunter.ca)

Fax:  
905.637.4995

