



York-Durham Aphasia Centre
12184 Ninth Line
Stouffville, Ontario L4A 3N6
Phone (905) 642-2053 or 1-866-580-9322
Fax (905) 642-4238

VOLUNTEER APPLICATION FORM

Please attach a personal resume and return with completed application and 2 reference forms to our Volunteer Coordinator

NAME: _____ DATE: _____

ADDRESS: _____ PHONE: (H) _____

_____ (W/Cell): _____

POSTAL CODE: _____ E-MAIL: _____

EMERGENCY CONTACT: Name: _____

Phone: (H) _____

(W) _____

Where did you hear about the **Aphasia Centre**?

- Friend Community Agency Library
 Newspaper Radio/TV Volunteer Bureau
 Hospital Other _____

What has **motivated** you to **apply** to the **Aphasia Centre** for **volunteer work**?

What **previous volunteer, work or life experiences** do you have that will **benefit** the **Centre**?

What **skills** and **interests** do you have that can be **shared** with **clients** and other **volunteers**?
Examples – **exercise, music, video, art**

Do you **speak languages** other than **English**?
 YES **NO** Please list: _____

Do you **write** languages other than **English**?
 YES **NO** Please list: _____

What are your **computer skills**? Please list **computer programs** you are familiar with.

Are you a **student**? **YES** **NO**

School/University/College: _____

Program and Year of Study: _____

How will **volunteer work** at the **York-Durham Aphasia Centre** contribute to your **educational goal**?

VOLUNTEER ROLES

The **volunteer roles** are as follows. Please **indicate** which roles you would be **interested** in. (Refer to job descriptions before deciding).

Interest in Regular Weekly Commitment as:

- Communication Facilitator**
- Computer Volunteer**
- Life History Communication Book Volunteer**

Please indicate the days/times you are available and the location at which you prefer to volunteer.

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
9-12:30	9-12:30 12:30-4	9-12:30 12:30-4	9-12:30 12:30-4	9-12:30
Markham	Richmond Hill	Newmarket	Stouffville	Whitby
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
	Newmarket	Maple		Peterborough
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>

Please note: there are separate application forms for our Richmond Hill and Whitby programs – contact our volunteer coordinator if you are interested.

Interest in Regular Monthly Commitment or as Occasionally Scheduled for:

- Fundraising**
- Media/Public Relations**
- Program Resource/Office Volunteer**
- Newsletter** (published 4 times/year; work can be done on your home computer)
- Creative Communication Volunteer** (eg. Art, Music, Drama)

PLEASE CONSIDER THAT WE REQUIRE:

- (a) **commitment to learning** - We will ask you to **attend 2 education sessions** per year, which will be presented in modules of specific learning
- (b) **regular weekly commitment** for a minimum of **6 months**
- (c) **contribution** to programs by **bringing in materials** (pictures, ideas) to use in groups

Please note: you may be required to submit an up-to-date (within the past 6months) Canada wide criminal reference check.

YDAC Confidentiality Agreement

I _____ understand that as an (employee/student/volunteer) of the York-Durham Aphasia Centre I may acquire information or documentation regarding the operation, finances, staff, volunteers and clients of the York-Durham Aphasia Centre (*Agency Information*).

I agree to maintain confidentiality of *Agency Information*. I agree not to disclose *Agency Information* to anyone without express written consent, except as required by law.

I agree that a breach of confidentiality shall be cause for termination as an (employee/student/volunteer) of the York-Durham Aphasia Centre.

I understand and agree to abide by the conditions outlined in this agreement, which will remain in force if I cease to have an association with the York-Durham Aphasia Centre.

YDAC Privacy

Occasionally YDAC communicates information on fund development, volunteer information, and updates to our program, to our volunteers. May YDAC contact you with information that may be relevant to you?

Yes

No

Date

Signature

Date

Witness



York-Durham Aphasia

VOLUNTEER REFERENCE FORM

This form should only be filled out by someone who has known the applicant for a minimum of twelve months, for example an employer, a professor, clergy or a physician. Family members may NOT provide a reference.

This individual has applied to do volunteer work for the York-Durham Aphasia Centre. As a volunteer this individual will be in contact with people with aphasia – a communication disorder after a stroke or brain injury. Trained volunteers facilitate group discussions using communication strategies in a supported environment. Activities may include discussion of news, art, cooking for communication and working in positions of trust and confidentiality. We may contact you to check this applicants references.

Your name: _____ Tel: _____

Person for whom you are providing a reference: _____

Your relationship to the person: _____

How long have you known the person? _____

How would you describe the person's suitability for this type of volunteer service? _____

What would you identify as the person's strengths? _____

What would you identify as the person's relevant shortcomings? _____

Please rate the person on each of the following traits/characteristics.

Trait/characteristic	Very much			Very little	
	1	2	3	4	I don't know
Dependable	—	—	—	—	—
Trustworthy	—	—	—	—	—
Honest	—	—	—	—	—
Respects others	—	—	—	—	—
Tolerant of diversity	—	—	—	—	—
Sensitive to those in need	—	—	—	—	—
Committed	—	—	—	—	—
Respects confidentiality	—	—	—	—	—
Good listener	—	—	—	—	—
Respects the elderly	—	—	—	—	—
Emotionally stable	—	—	—	—	—
Other _____	—	—	—	—	—

Would you have any hesitation in recommending this person for this type of volunteer service? _____

Any other comments? _____

Reference's signature: _____ Date: _____

Thank you for completing this reference. Please place it in a sealed envelope and return it to the potential volunteer, or mail it to:

York-Durham Aphasia Centre
12184 Ninth Line
Stouffville, ON
L4A 3N6

¹ Adapted from the 'Society of St. Vincent de Paul Toronto Central Council Reference Form'



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