



# Light and Love Home in Toronto

793-795 Dundas St. W., 2/F, Toronto, ON. M6J 1V2 Canada Tel. 416.362.3797 Fax. 416.362.5028  
Web site: TORONTO.LIGHTANDLOVEHOME.ORG Email address: INFO\_TORONTO@LIGHTANDLOVEHOME.ORG

## VOLUNTEER APPLICATION FORM

### 1. PERSONAL INFORMATION Please "✓" the appropriate item(s) and print clearly

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gender  M  F

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_

School / Occupation \_\_\_\_\_ Program \_\_\_\_\_ Grade/Year \_\_\_\_\_

Languages  English  French  Cantonese  Mandarin  Other: \_\_\_\_\_

Skills  Musical Instruments  Cooking  Sport E-mail \_\_\_\_\_  
 Arts and Crafts  Other: \_\_\_\_\_ Date of Arrival (if applicable) \_\_\_\_\_

How did you find out about us? \_\_\_\_\_

Do you have any volunteer/work experience? \_\_\_\_\_

### 2. POSITION Please "✓" the appropriate item(s) in which you are interested in volunteering

English  Math  Science  French

Arts & Crafts / Painting  Babysitting  Cleaning  Cooking

Sports  Organizing Events  Field Trips  Other: \_\_\_\_\_

**Preference:**  Grade 1-2  Grade 3-4  Grade 5-6  Grade 7 or above

### 3. AVAILABILITY Please "✓" the appropriate item(s)

|                         |                          |                          |                          |                          |                          |                          |
|-------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>Available Times:</b> | Monday                   | Tuesday                  | Wednesday                | Thursday                 | Friday                   | Saturday                 |
| Morning                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Afternoon               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Preferred Location:**  Head Office (Dundas St W)  Scarborough  Other \_\_\_\_\_

### 4. REFERENCES

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

### 5. REGISTRATION LOCATION

**Head Office:** 793-795 Dundas St. West, 2/F, Toronto, ON M6J 1V2 (416) 362-3797

**Scarborough:** 3320 Midland Ave, Unit 221, Scarborough ON M1V 5E6 [Monday to Friday 2:30-6:30pm] (416) 499-2269

I certify that the above information is true to the best of my knowledge. I understand that any falsified information may result in my dismissal from the program.

Applicant Signature: \_\_\_\_\_

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