

**Date** (mm/dd/yy): \_\_\_\_\_

Mr. Mrs. \_\_\_\_\_

Ms Miss (First Name) (Middle Name) (Last Name)

**Street Address:** \_\_\_\_\_ **Apt./Unit Number:** \_\_\_\_\_

**City/Town:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

## Volunteer Opportunities: (check areas of interest)

- |   |  |
|---|--|
| <input type="checkbox"/> Administration/General Office Assistance | <input type="checkbox"/> Board Opportunities and Sub-Committees of the Board |
| <input type="checkbox"/> Fundraising/Special Events               | <input type="checkbox"/> March Break and Summer Camp                         |
| <input type="checkbox"/> Daycare Assistance                       | <input type="checkbox"/> Employment Counselling                              |
| <input type="checkbox"/> Tutoring - Math, English                 | <input type="checkbox"/> Caribbean Ball                                      |
| <input type="checkbox"/> Recreational Programs                    | <input type="checkbox"/> Annual Christmas Food Drive                         |
| <input type="checkbox"/> Community Outreach and Promotion         | <input type="checkbox"/> Youth Resource Centre                               |
| <input type="checkbox"/> Guest Speaker                            | <input type="checkbox"/> Workshop Facilitator                                |
| <input type="checkbox"/> Entertainment                            | <input type="checkbox"/> Handy Work eg. painting, room setup, etc.           |

## Skills / Qualifications / Experience / Training / Vocational Interests:

### Availability:

Time of Day:  Mornings  Afternoons  Evenings

Day of Week:  Mon.  Tue.  Wed.  Thu.  Fri.  Sat.  Sun.

Time of Year \_\_\_\_\_ Length of Volunteer Commitment \_\_\_\_\_

## FOR OFFICE USE ONLY

### Placement/Volunteer:

- Accepted
- No Openings; Placed on File
- To Be Followed Up

Volunteer  Placement Student

Program: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

# Placement Student Record Of Hours

Month Year	Week 1	Week 2	Week 3	Week 4	Week 5	Month Total	
April							
May							
June							
July							
August							
September							
October							
November							
December							
January							
February							<b>Placement Totals:</b>
March							

**Description of Duties:**

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<b>Supervisor's Name &amp; Title:</b>	<b>Date:</b>	<b>School:</b>
<b>Location of TCSO site:</b>	<b>Assigned Days:</b>	
<b>Job Title:</b>		