



AutismONTARIO
see the potential voir le potentiel

Volunteer Application Form Central West Region

Thank you for your interest in becoming a volunteer with Autism Ontario-Central West Region. Please complete the volunteer application form and email it to centralwestvolunteer@autismontario.com. Should you have any questions about the application or about volunteer opportunities, contact Laura Heimpel, *Regional Program and Volunteer Coordinator* at **416-246-9592 ext. 308** or centralwestvolunteer@autismontario.com

CONTACT INFORMATION

First Name: _____ Last Name: _____

I identify my gender as: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Daytime Phone Number: () _____ Evening Phone Number: () _____

Email: _____

Age (check one): 15-20 21-25 26-30 31+

Languages Spoken (please list): _____ Read/Write: _____

Preferred Method of Contact: Email Phone Email and phone No Preference

EMERGENCY CONTACT

In case of emergency, please contact: _____

Relationship to Volunteer: _____	Phone Number: _____
----------------------------------	---------------------

How did you hear about Autism Ontario-Central West Region? Please be specific if possible (i.e. “google search”, or “Volunteer Halton”)

- | | | |
|--|---|--|
| <input type="checkbox"/> Website _____ | <input type="checkbox"/> Newspaper _____ | <input type="checkbox"/> Friend and/or Family |
| <input type="checkbox"/> Library _____ | <input type="checkbox"/> Community Centre _____ | <input type="checkbox"/> Current Volunteer at Autism Ontario |
| <input type="checkbox"/> Autism Ontario and/or Chapter | <input type="checkbox"/> Friend and/or Family | <input type="checkbox"/> School |
| Website | | |
| <input type="checkbox"/> Social Media _____ | <input type="checkbox"/> Volunteer Job Board | <input type="checkbox"/> Other, please specify: _____ |
| | please specify: _____ | _____ |

AREAS OF INTEREST (check all that interest you)

<input type="checkbox"/> Adult Supports	<input type="checkbox"/> Regional Events	<input type="checkbox"/> Outreach and Development
<input type="checkbox"/> Volunteer Recruitment and Support	<input type="checkbox"/> Parent Mentorship	<input type="checkbox"/> Advocacy
<input type="checkbox"/> Community Building	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Educational Advocacy
<input type="checkbox"/> Other, please specify:		

ABOUT YOU

1. What skills, training, and/or qualifications do you possess that would benefit your volunteer experience?

Do you possess a valid First Aid Certificate and/or are you CPR certified? Yes No

2. What other certificates/awards do you possess that would benefit your volunteer experience?

Are you willing to submit a vulnerable sector screening check? Yes No

I have completed a vulnerable sector check dated within the last 6 months

AVAILABILITY

Please check (✓) all that apply

Time of Day	Day of the Week Preferred						
	Mon	Tues	Wed	Thu	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

What period of time are you able to commit to volunteering for?

3 months 6 months 1 year +

Programs and Events take place all across the Central West region. Please select the city and/or cities you are able to volunteer in?

Halton Peel Hamilton Wellington Waterloo

Some travel within the Central West region may be required for some volunteer opportunities. Do you have access to a vehicle?

Yes No

STAY CONNECTED TO THE VOLUNTEER NETWORK AT AUTISM ONTARIO-CENTRAL WEST

Would you like to be added to our email distribution list to receive news and updates from Autism Ontario and the Central West region?

Yes No

REFERENCES

Please provide two references, preferably one professional (job and/or volunteer) and 1 personal reference that will speak to your character, skills, and interests. You need to have known the reference for at least 6 months.

Reference 1

Name: _____

Relationship to Applicant: _____

Phone: _____

Email: _____

Reference 2

Name: _____

Relationship to Applicant: _____

Phone: _____

Email: _____

Permission and Release

1. The references I listed may be contacted for the purpose of processing my application to become a volunteer with Autism Ontario. I understand that these references will be contacted in confidence;
2. I am in no way obligated to perform any volunteer services for Autism Ontario;
3. I understand that I may be required to undergo a Vulnerable Sector Screening check, if the position involves working with vulnerable individuals;
4. I acknowledge and accept that this application does not guarantee acceptance to a volunteer role, and that Autism Ontario is under no obligation to accept me as a volunteer, and is not obliged to provide a reason;
5. I hereby release and forever discharge Autism Ontario, and their employees, directors, volunteers and contract staff from any cause or claim for damages, whether bodily injury, death, property damage, or emotional trauma, anxiety or distress arising from my association with Autism Ontario.
6. I give permission to Autism Ontario to share any information that I've given them, pertinent to my application to volunteer, with appropriate staff and volunteers.
7. If I am under 18 years of age at the time of my application, my parent/guardian will complete a consent form on my behalf.

Name (print): _____

Signature: _____ Date: _____

Name of Parent/Guardian (if under 18 years): _____

Signature of Parent/Guardian: _____ Date: _____

Please ensure all relevant information has been included on your application including email and phone number. The Regional Program and Volunteer Coordinator will be in touch with you to discuss next steps.

For any further questions/concerns, please contact:
Laura Heimpel, Regional Program and Volunteer Coordinator
Autism Ontario-Central West Region
centralwestvolunteer@autismontario.com