

Moeen Centre

for Physically Disabled & Developmentally Challenged Young Adults

Volunteer Application Form

Name

Last _____ First _____

Address

Street Name and Number _____ Apt# _____

City/ Town _____ Province _____ Postal Code _____

Phone (home) _(____) _____ **Email** _____

(work) _(____) _____

(mobile) _(____) _____

Emergency Contact

Name _____ Relationship _____

Phone _____

Occupation

Languages

Read Write Speak

Education and Training

Volunteer Experience

Type of volunteering preferred:

- Preparing teaching materials
- Teaching / Tutoring
- Leading recreational activities
- One to one support
- Aid in transportation
- Other (please specify) _____

Availability

- Mondays
- Tuesdays
- Wednesdays
- Thursdays
- Fridays

- Mornings
- Afternoons
- Between the hours of: _____

References

Name _____ Relationship _____

Phone_(_____)_____

Name _____ Relationship _____

Phone_(_____)_____

I give the Moeen Centre permission to contact the above-mentioned references

Signature _____ Date _____

Please return to:

Moeen Centre For Physically Disabled
& Developmentally Challenged Young Adults
549 Donlands Ave.
Toronto, Ont
M4J 3S4
416-424-4026