



THE PARTICIPATION HOUSE PROJECT (DURHAM REGION) STUDENT VOLUNTEER APPLICATION

1255 Terwillegar Avenue, Unit 9, Oshawa, ON L1J 7A4 Tel: (905) 579-5267 Fax: (905) 579-5281

Are you interested in volunteering on a: Short-term basis (up to 6 months) Long-term (over 6 months)

Volunteering for **Completion of Community Involvement Activities** form yes no

How many hours would you like to volunteer: _____ Hours/per week _____ Hours/ per month

Please check the areas you are interested in volunteering:

- 1 to 1 client
 Program Support
 Reading to Clients
 Arts and Crafts
 Other _____
Specify your talents
- Gardening
 Music
 Companion
 Sports
 Cooking

FUNDRAISING (Assistance with community events or events held by Participation House)

Events (First or third-party)	<input type="checkbox"/> Organizing	<input type="checkbox"/> Trade Shows	<input type="checkbox"/> Leadership
	<input type="checkbox"/> Information Booth	<input type="checkbox"/> Solicitation of prizes/donations/services	<input type="checkbox"/> Public Speaking
	<input type="checkbox"/> Communications	<input type="checkbox"/> Media Relations	<input type="checkbox"/> Newsletter
Office Support	<input type="checkbox"/> Answering Phones	<input type="checkbox"/> Clerical / Data Entry	
	<input type="checkbox"/> Filing		

Please Check Availability:

Are there times during the year that you are available to volunteer? (i.e. summer) _____

Monday	Tuesday	Wednesday	Thursday	Friday	Weekends
<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning
<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon

Specific Times: _____ a.m. _____ p.m.

Participation House Project reserves the right to add your contact information to a private list that will be used by staff and other volunteers only.

I accept and understand that all of the above information is true and correct. I understand that I will adhere to the values, policies and procedures of Participation House Project – Durham Region.

SIGNATURE OF APPLICANT

DATE

Please send the signed and completed application to the attention of Izabela Wielgosz at Participation House Project – Durham Region, 1255 Terwillegar Avenue, Unit 9, Oshawa, ON L1J 7A4 by mail or scan and email to iwielgosz@phdurham.com.

We greatly appreciate your interest in our organization. The Participation House Project (Durham Region) will keep all personal information confidential.

PLEASE FEEL FREE TO CALL US WITH ANY QUESTIONS REGARDING THIS APPLICATION OR IF YOU NEED ASSISTANCE. The Participation House Project (Durham Region) • Telephone: (905) 579-5267 Ext 240.

OFFICE USE ONLY:

<input type="checkbox"/> Registered in system	Contacted:	Interview
<input type="checkbox"/> Orientation Package Sent	When:	Location:
	By:	Time: