LDS RISE after School Volunteer Application Form

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| Thank you for your interest in volunteering as a mentor for the Learning Disabilities Society! Please complete the following form and send to erin@ldsociety.ca |
| First name: | Last name: |
| Address: |
| Phone number:  | Email: |
| Available days:* Monday
* Tuesday
* Wednesday
* Thursday
* Friday
* Saturday
	+ Morning
	+ Afternoon
 | Available times:* Weekday afternoons:
	+ 4:30-5:00
	+ 5:00-5:30
* Weekday evenings:
	+ 6:30-7:00
	+ 7:00-7:30
	+ 7:30-8:00
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| Please tell us why you would like to volunteer with LDS: |
| What do you hope to gain from your experience volunteering at LDS? |
| Please let us know any prior volunteer experience you have: |
| What hobbies, skills, interests, or qualities do you have that would make you a good fit for this role? |
| Please provide us with two references (one educational, one prior volunteer experience). |
| Name: | Name: |
| Name and address of organization: | Name and address of organization: |
| Email: | Email: |
| Phone number: | Phone number: |