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 |
| 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: |