



University of Toronto at Scarborough

AccessAbility Services

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Room: S302A/B

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E-mail: ability@scar.utoronto.ca
Website: <http://www.scar.utoronto.ca/~ability>

General Application Form For VOLUNTEERS

ACADEMIC SESSION: _____

LASTNAME: _____ **FIRSTNAME:** _____

ADDRESS: _____ **CITY:** _____

PROVINCE _____ **POSTAL CODE:** _____

Phone# (home): _____ **Work/Cell/Pgr/:** _____

Email address: _____

Have you ever Volunteered for AccessAbility Services? _____
If yes, please list the year you volunteered and the types of duties you performed?

Why do you want to volunteer, and what do you hope to gain from this experience? You may list your volunteer experience at any other organization.

What duties are you interested in Volunteering at AccessAbility Services?

- Volunteer Notetaker Assist with Special Events
- Library support for students with visual/physical barriers
- Reader-taping text material onto audio tape
- Other _____

I, hereby agree to act as a volunteer, and undertake all the responsibilities that come with this volunteer position.

(Additional: You will also be required to fill out a Declaration of Confidentiality Form once you are our official volunteer. In Addition, an official copy of your timetable will be printed off ROSI to list your courses incase we need your services as a notetaker).

Volunteer's Signature

Date