****

**FIRST NAME:** **LAST NAME:**

**ADDRESS: CITY:**

**PROVINCE** **POSTAL CODE:**

**PHONE # (Home & Cell):** **EMAIL:**

**1. Session applying for:** 🞎 Summer 🞎 Fall 🞎 Winter

2. Why do you want to volunteer, and what do you hope to gain from this experience?

**3. Please list any relevant experience that you have** (speaking in public, leading displays, advocating about disability issues, office support, leadership experience etc). **Attach a separate page if necessary.**

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I have reviewed the Outreach Team Volunteer Role Description and if I am selected, I agree to attend training dates and undertake all the responsibilities that come with this volunteer position.

**Volunteer’s Signature Date**

Note: If Access*Ability* Services is interested in pursuing your application, you will be contacted directly.

**Please submit application to AccessAbility Services (AA142) or email application to Kristina Stanley, Volunteer Resources, Accommodations Coordinator** Kristina.Stanley@utoronto.ca