

YORK REGION PRESCHOOL SPEECH & LANGUAGE PROGRAM

STUDENT / VOLUNTEER APPLICATION

FOR OFFICE USE ONLY PERSONAL DIMENSIONS	
1. In a half hour it is difficult to get a sense of who you are, but if I was to phone your closest friend how do you think they would describe you?	
2. What attracted you to volunteer at York Region Preschool Speech & Language Program?	
3. What would you like to get out of the volunteer experience?	
4. What skills do you feel you have to contribute?	
5. In deciding on a volunteer position would you rather work with clients or in a service area? Why?	
CHECKLIST: <input type="checkbox"/> Smoking Regulations <input type="checkbox"/> Confidentiality <input type="checkbox"/> Tuberculosis Testing <input type="checkbox"/> Parking	<input type="checkbox"/> Absence <input type="checkbox"/> Name Tags <input type="checkbox"/> Signing In <input type="checkbox"/> Dress Code <input type="checkbox"/> Mission

As a volunteer, I accept the responsibility to maintain my knowledge/understanding of my volunteer role and remain current on all emergency code procedures. I commit to participating in training and evaluation activities.

I have been informed that I am entering an "at pleasure relationship". In the event that my volunteer involvement is not compatible with the hospital's requirements, then the decision of the Director of Community Resources will be final (i.e. retraining, transfer to another area or termination).

Signature: _____ Date: _____