



ECOLE LE
SOMMET
SUMMIT
SCHOOL

pour l'enfance inadaptée
for the developmentally disabled

E v e i l l e r l e P o t e n t i e l
A w a k e n T h e P o t e n t i a l

1750 Rue Deguire, St. Laurent, Que., H4L 1M7
Tel: (514) 744-2867 Fax: (514) 744-6410

VOLUNTEER APPLICATION FORM

Thank you for your interest in volunteering with Summit School. All volunteer applications are reviewed with consideration of current opportunities and a "Declaration Relative aux Antecedants Judiciaires" must be completed.

Name: _____

Address: _____

City _____ Postal Code: _____

Telephone: (H) _____ Cell: _____ Email: _____

Work Experience

Please list your employment experience only if it is relative to the volunteer work you are applying for.

Employer: _____ Dates: _____

Position and job duties: _____

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Position and job duties: _____

Educational Background

High School: _____ Certificate: _____

Post Secondary: _____

Certificates/Relative Courses/Workshops: _____

References

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Phone: _____ Phone: _____

* I give permission to contact the above individuals: YES NO

General Information

What type of volunteer work are you interested in? _____

Examples: Classroom: Age 4-13: _____ Age 13-over: _____

Special Interests:

Phys Ed: _____ Occupational Therapy: _____ Physio Therapy: _____

Outings: _____ Swimming: _____ Clerical: _____

Availability:

Days _____

Time: _____

Signature: _____ Date: _____

I authorize Summit School to forward this information to authorized personnel within the school.

<p>Internal use only: Application received (date): _____ Security Clearance received (date): _____ 1st Request sent (date): _____ 2nd Request sent (date): _____ Department found (date): _____ Team: _____ Staff responsible: _____</p>
