





1669 Eglinton Ave. W  
Toronto, Ontario  
M6E 2H4

t: 416.925.4386

f: 416.925.9112

[johnhoward.on.ca/toronto](http://johnhoward.on.ca/toronto)

Yes \_\_\_\_ No \_\_\_\_

If volunteering, how many days/hours do you feel you can reasonably volunteer per week? \_\_\_\_

If on student placement please specify the following: Start Date \_\_\_\_ End Date \_\_\_\_ Days of week \_\_\_\_ Total Hours required \_\_\_\_

Languages spoken: \_\_\_\_ English \_\_\_\_ French \_\_\_\_ Other (Please specify) \_\_\_\_

**Please attach your resume and cover letter to this application.**

Please provide us with three references. Please note reference should not be family members.

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone & Email: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone & Email: \_\_\_\_\_

3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone & Email: \_\_\_\_\_

Making this application, I hereby give the John Howard Society of Toronto authority to contact the person's names in references and to make enquiries with the Police and other criminal justice official as necessary to ascertain my suitability as a volunteer.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail or fax your application to:  
**The John Howard Society of Toronto**  
**Attention: Liz Babatunde**  
**1669 Eglinton Ave. West**  
**Toronto, On M6E 2H4**  
**FAX: 416.925.9112**

For more information please contact:  
**Ibabatunde@jhst.ca**

Due to the high volume of applications we are unable to respond to each applicant in a timely fashion although every effort will be made.

Thank you for submitting an application to the John Howard Society of Toronto.