JohnHoward
SOCIETY OF TORONTO
PREVENTION ▪ INTERVENTION ▪ REINTEGRATION

1669 Eglinton Ave. W
Toronto, Ontario
M6E 2H4

t: 416.925.4386
f: 416.925.9112
johnhoward.on.ca/toronto

VOLUNTEER/STUDENT PLACEMENT APPLICATION FORM

Name: _____
First Middle Last

Address: _____

_____
City Province Postal Code

Telephone: _____
Daytime Evening

E-Mail: _____

Emergency Contact (Name, Relationship, Phone number):
_____

Why do you want to volunteer with the John Howard Society of Toronto?
_____
_____
_____
_____

What posting are you applying for? _____
_____
_____

Describe why you are interested in working with the above mentioned program? _____
_____
_____

What qualifications or experience do you have that could assist you as a volunteer with JHST? Please Specify: _____
_____
_____
_____

If a student placement request what school and program are you attending?_____

Are you computer literate? _____
If yes, what software do you have working knowledge of?_____
_____

Have you ever received service from or volunteered with any John Howard Society within the last (5) five years? Yes____ No ____ (If yes, please specify)_____

Have you ever been convicted of an offence of which you have not been granted a pardon?

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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: Chana Weinstein
1669 Eglinton Ave. West
Toronto, On M6E 2H4
FAX: 416.925.9112

For more information please contact:
cweinstein@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.