

accessibletoronto – volunteer information form

*please fill in the following details. the completed form will not be shared with anyone outside of the leadership of the **accessibletoronto** project.*

first name : _____

last name : _____

preferred gender pronoun (i.e. he, she, they, etc.) : _____

volunteer role : _____

email : _____

phone # : _____

the best way to contact me is (circle one) :

by phone by email

i require the assistance of another volunteer to perform my volunteer role (circle one) :

yes no

i require other accommodations in order to perform my volunteer role (circle one) :

yes no

accommodation(s) : _____

i am generally available at the following times (circle any/all applicable):

monday	tuesday	wednesday	thursday	friday	saturday	sunday
morning	morning	morning	morning	morning	morning	morning
afternoon	afternoon	afternoon	afternoon	afternoon	afternoon	afternoon
evening	evening	evening	evening	evening	evening	evening

i agree to allow the **accessibletoronto** project to retain this form for their records, for **accessibletoronto** to use this information for purposes related to the project, and for **accessibletoronto** to contact me as necessary with information regarding the project :

signature : _____

today's date (DD/MM/YYYY) : ____/____/____