



INTEGRATED SERVICES FOR AUTISM AND NEURODEVELOPMENTAL DISORDERS

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Charitable Registration Number
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APPLICATION FORM – STUDENT INTERNSHIPS or VOLUNTEERS

Date (YYYY/MM/DD):

This is for: Volunteering Student Placement

How did you learn about ISAND?

Internet/Social Media ISAND Client/Family Organization:

APPLICANT INFORMATION:

Applicant Name: Date of Birth: Address: City: Province: Postal Code: Phone (home): Phone (cell): School / Institution: Grade / Program: Other relevant certification(s):

REASON FOR APPLICATION:

Why are you interested in working with clients at ISAND?
What types of experiences are you seeking?



AVAILABILITY

What time frame are you seeking to be at ISAND? Please provide a date range: _____

How many total hours are you interested in? _____

occasionally full time part time summer weekly specify: _____

Please check the box for your available times:

Table with 4 columns: Day of the Week, Mornings (8:30 am - 12:30 pm), Afternoons (1:00 pm - 5:00 pm), Evenings (5:00 pm - 8:00 pm). Rows include Monday through Saturday.

RELATED EXPERIENCE

Have you ever had opportunities to spend time with individuals with autism? Yes No

Have you ever had opportunities to spend time with individuals with other special needs? Yes No

Please provide details about all of the above:

What ages are you comfortable working with? Preschoolers School Aged Children Teens Young Adults

What types of activities would you like to participate in? _____

What support/supervision would you require? _____



REFERENCES

Please provide names of 2 people for us to contact as references:

Instructor / Employer / Professional

Name(s): _____

Address: _____

Email: _____ Phone: _____

Instructor / Employer / Professional

Name(s): _____

Address: _____

Email: _____ Phone: _____

I recognize that client safety and privacy are significant concerns at ISAND. I agree to complete orientation and training sessions, complete a vulnerable sector check (if over 18 years of age), and to uphold expectations of confidentiality.

Signature: _____