



Participant Information

Name: _____ Member ID: _____

Telephone Number: _____ Case Org. Number: _____

Employment goals: _____

Volunteer Information

Organization Name: _____

Position: _____ Required Shifts: _____

During the past 3 months of your volunteer activity have you:

- 1. Gained new skills? Yes _____ No _____
- 2. Gained practical work experience? Yes _____ No _____
- 3. Met people who work in jobs that interested you? Yes _____ No _____
- 4. Been prepared to move to another Employment Assistance program i.e. Pre-employment development or Skill Training Directly Linked to Employment? Yes _____ No _____

Do you think this volunteer activity continues to support your service plan?

Yes _____ No _____

Why? _____

Client signature: _____ Date: _____

Return this form to your caseworker or bring it with you to your scheduled appointment.

The personal information on this form is collected under the authority of the City of Toronto Act, 1997, Municipal Act, 2001, S.O. 2001, c. 25, s.11(2) and 227(c) and the Ontario Works Act, 1997, S. 71, 72 and 73. This information will be used to inform your caseworker about your volunteer activity. Questions about this collection can be directed to the Program Support Manager, 55 John Street, Station 1092, 9th floor, Metro Hall, Toronto, ON M5V3C6, Telephone no. 416-397-0531. In case of an emergency the participant consents to the disclosure of necessary personal information to Toronto Social Services from the agency named above.