



AGE-ON iPad Education for Seniors
Volunteer Application Form

Name: _____

E-mail address: _____

Phone number: _____

Sessions: St. Peter's Hospital, Tuesdays, July 26th – August 30th, 2016, 1:30–3:30PM

I am available on:

- Tuesday, July 26th, 2016 from 1:30–3:30PM
- Tuesday, August 2nd, 2016 from 1:30–3:30PM
- Tuesday, August 9th, 2016 from 1:30–3:30PM
- Tuesday, August 16th, 2016 from 1:30–3:30PM
- Tuesday, August 23rd, 2016 from 1:30–3:30PM
- Tuesday, August 30th, 2016 from 1:30–3:30PM

I am able to arrange my own transit to and from the session location.
(St. Peter's Hospital, 88 Maplewood Avenue, Hamilton, Ontario, L8M 1W9)

I am familiar with iPads and their software (iOS).

I am willing to provide my information for seniors to contact me with questions.

Please return via e-mail with an attached resume to Marley Kafato at
kafato@hpsc.ca.