



VOLUNTEER APPLICATION

Please note that all volunteers must provide proof of receiving at least two COVID vaccinations and must abide by the organization's established COVID safety procedures, which will be provided and reviewed during orientation.

First & Last Name: _____

Pronouns (optional): _____

Address: _____

City & Province: _____ Postal Code: _____

Phone Number: _____ E-Mail: _____

Do you identify as a person living with a disability or disabilities: Y N

IN CASE OF EMERGENCY

Emergency Contact: _____ Phone Number: _____

Relationship: _____

AVAILABILITY

	Mornings 9:00 am – 12:15 pm	Afternoons 12:45 pm – 4:00 pm
Monday	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday		<input type="checkbox"/>
Wednesday		<input type="checkbox"/>
Thursday		<input type="checkbox"/>
Friday		<input type="checkbox"/>

Please note that volunteers are expected to commit to one shift per week and are expected to volunteer at the same day and time every week.

What type of volunteer work are you interested in doing?

- Front Desk Reception Accessible Parking Placard Processing
- Information and Referral Research I'm open to discussing other ways I can volunteer

