

Volunteer Application



Contact Information (Please print)

Name	
Street Address	
City/Postal Code	
Home Phone	
Mobile Phone	
Email Address	

Availability

During which hours are you available for volunteer assignments?

- Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings

Do you have a vehicle?

- Yes No

If yes, please provide DL number:

Interests

Tell us in which areas you are interested in volunteering

- Administration
 Events
 Awareness hosting information tables
 Fundraising
 Phone bank
 Helping get the word out with poster/flyer distribution production
 Volunteer coordination
 Social media
 Graphic/website design
 Volunteer Advisory Committee

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

What are your reasons for volunteering?

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Relationship	

References

Name	
Phone Number	
Email Address	
Relationship	

Name	
Phone Number	
Email address	
Relationship	

Thank you for completing this application form and for your interest in volunteering with us.

Please return completed form to:

Kris Copeland, Event Coordinator
Email: kcopeland@homesuitehope.org

Home Suite Hope Shared Living Corp.
Mailing Address:
200 North Service Road W. #424, Unit 1
Oakville, ON L6M 2Y1
Phone/Fax: 905.339.2370

For questions about volunteering, please call: 905-630-4378