



Volunteer Application

NAME:				ADDRESS:			
CONTACT PHONE NUMBER:				EMAIL:			
AGE GROUP: (circle age group that you are within) 12-16 17-25 26 -40 40-60 61 *							
Why are you interested in volunteering with No More Tears West Nipissing Society?							
Please indicate which areas of volunteering you are interested in: <ul style="list-style-type: none"> <input type="checkbox"/> Office (Community Hub) scheduled times are: 9am-1pm/1pm-4pm <input type="checkbox"/> Fundraising events: Participation/ set up volunteer time <input type="checkbox"/> Outreach Team (Wellness Checks/Cold weather program) <input type="checkbox"/> As a donee (support to us as financial doner, gift cards, or food products) <input type="checkbox"/> Volunteer with our Peer engagement leader on programs with assistance with our unhoused individuals <input type="checkbox"/> Volunteer at our local Soup Kitchen 							
Please indicate other supports you would like to suggest or consider:							
	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Morning 9-1 (office) Monday-Friday							
Afternoon 1-4 (office) Monday -Friday							
Soup Kitchen every two weeks on a Wednesday from 11:3- -2pm							
Other availability hours							

Note: All information will be kept confidential. All volunteers will require a Vulnerable Sector Check. A Food Handler's certificate is not necessary for all of those participating in the Soup Kitchen. A Team member will be in touch to discuss the program further with you shortly. Please forward the completed form and supporting documents, as well as any questions you may have to: nomoretearswestnipissing@gmail.com

☐

Have you had a recent Vulnerable Sector Check done (Please provide a copy)