



**BEYOND THE STREETS
WELLAND**

Volunteer Application Form

Strictly confidential

Volunteer

Student

Community Service

Name: _____

Address: _____

preferred method of contact

Phone No: _____

txt

Email address: _____

call

Age: _____

email

Emergency contact name: _____

Relationship with volunteer: _____

Phone No: _____

Physical limitations (if any) _____

Availability

Thursday evenings 5pm – 7pm

On call for outreach

Donation pick ups

Events

Optional:

Qualities and skills, you feel you may have to benefit our organization

Date: _____ Signature: _____

