



SHELTER HOUSE
T H U N D E R B A Y

VOLUNTEER APPLICATION FORM

First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Address:	<input type="text"/>	City:	<input type="text"/>
Postal Code:	<input type="text"/>	Home Phone:	<input type="text"/>
Work Phone:	<input type="text"/>	Cell Phone:	<input type="text"/>
E-mail Address:			
EMERGENCY CONTACT			
Contact Name:	<input type="text"/>	Phone:	<input type="text"/>

What is your availability (e.g. Monday to Sunday and times)?

(Answer this question only if you are a student) Is this part of a school requirement?

Yes No

Have you worked with Shelter House in the past?

Yes No

If yes, tell us about your volunteer work with the shelter: (e.g. type, number of years)

Type of volunteer work preferred: (check all that apply)

Events Meals (lunch, dinner)
 Fundraising Driving (food pick-up)
 Maintenance Other (Please explain)

Please describe your relevant volunteer and work experience:

Please describe your special skills:

How did you learn about Shelter House? (check all that apply)

Newspaper Radio Poster Website Friend/Family Other
(Please explain)

Reason for Volunteering:

School C S O Community Client Other

Signature:	<input type="text"/>	Date:	<input type="text"/>
------------	----------------------	-------	----------------------

Please return completed form or direct any questions to the Operations Supervisor

Shelter House Thunder Bay
420 George St.
Thunder Bay, Ont., P7E 5Y8

Fax: 807-622-6328
Phone: 623-8182 ext. 221
E-mail: operations@shelterhouse.on.ca
Website: www.shelterhouse.on.ca