



# VOLUNTEER APPLICATION FORM

SOUP KITCHEN GROUPS

## CONTACT INFORMATION

DATE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_ CITY: \_\_\_\_\_

HOME PH: \_\_\_\_\_ CELL PH: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

EMERGENCY CONTACT PH: \_\_\_\_\_

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GROUP NAME: \_\_\_\_\_

GROUP LEADER: \_\_\_\_\_ CONTACT: \_\_\_\_\_

HOW DID YOU HEAR ABOUT SHELTER HOUSE? (Circle)

Website    TV/News    YouTube    Facebook    Recruitment Fair    Other \_\_\_\_\_

MAY WE CONTACT YOU IF WE NEED VOLUNTEERS?    YES     NO

IF YES, WHAT IS THE BEST WAY TO REACH YOU?    HOME     CELL     EMAIL

**\*FOR GROUP LEADER ONLY**

WILL YOUR GROUP BE VOLUNTEERING ON A REGULAR SCHEDULED DATE? YES     NO

WOULD YOU PREFER TO CALL MONTH TO MONTH TO SET UP DATES?    YES     NO

***Thank you for your interest in volunteering with Shelter House!***  
***We look forward to working with you!***

*Please return completed form to:*

**Katie Watson**, Volunteer Coordinator  
*Email: [katie.watson@shelterhouse.on.ca](mailto:katie.watson@shelterhouse.on.ca) | Phone: (807) 474-4352*  
*420 George Street, Thunder Bay, ON, Canada, P7E 5Y8*

See Reverse



**THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS**

**BY SIGNING THIS DOCUMENT YOU GIVE UP YOUR RIGHT TO SUE**

**To:** Thunder Bay Emergency Shelter Inc. ("Shelter House") and its directors, officers, employees, representatives, officials and agents (collectively referred to as the "Releasees")

I wish to volunteer at Shelter House. As a volunteer I may work in the kitchen preparing and serving food. I may engage in clean-up in the kitchen or elsewhere. I may load and unload supplies. I may participate or volunteer in offsite fundraising events. Irrespective of which volunteer duties I am assigned, I will be in regular contact with the homeless population that Shelter House serves and other volunteers.

I understand that Shelter House services the homeless population of Thunder Bay. I am aware that the population that Shelter House serves live in extreme poverty. Those who live in extreme poverty often suffer from: mental and/or physical illness, lack of access to regular medical care and over-representation in the criminal justice system. The clientele of Shelter House can be unpredictable and volatile.

I am aware that volunteers at Shelter House are welcome irrespective of whether they have a criminal record. I am aware that I may be volunteering with individuals who have been convicted of crimes under the *Criminal Code*.

I understand that my decision to volunteer at Shelter House has the potential to put me at risk of death, injury, illness, loss or damage to my person or property because of the nature of the work of Shelter House and the population it serves. I accept these risks and agree to release, save harmless and indemnify the Releasees from and against any and all claims, actions, costs, expenses, demands, complaints of any kind whatsoever in respect of liability for any death, illness, injury, loss or damages of any kind whatsoever that my person or property may suffer while acting as a volunteer for Shelter House or arising from my decision to act as a volunteer for Shelter House or arising from any negligence on the part of the Releasees.

I agree that this Release and Indemnity shall bind myself, my heirs, executors, administrators and assigns. I have read this Release and Indemnity and I understand it. I understand that this Release and Indemnity eliminates my right to take legal action against the Releasees for death, illness, injury, loss or damages of any kind whatsoever that I suffer or my property suffers arising from or relating in any way to my decision to volunteer or participate in activities with Shelter House.

Furthermore, I hereby grant Shelter House the irrevocable right to use in any way they see fit, for the purpose of publicizing and advertising without restriction, me and my child(ren)'s name, face and/or voice.

Date: \_\_\_\_\_

Signature of Volunteer: \_\_\_\_\_

\_\_\_\_\_  
Print Name

Signature of Witness: \_\_\_\_\_

\_\_\_\_\_  
Print Name

Signature of Parent or Guardian if the Volunteer is under the age of eighteen (18): \_\_\_\_\_

\_\_\_\_\_  
Print Name