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| Volunteer Application Form |  |

## Contact Information

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City and Postal Code |  |
| Phone |  |
| E-Mail Address |  |
| Date of Birth |  |
| Pronoun (he/she/they/ze/etc.) |  |
| How did you hear about SHORE Centre? |  |

## Availability

|  |  |
| --- | --- |
| Monday mornings | Monday afternoons |
| \_\_\_ Tuesday mornings | \_\_\_ Tuesday afternoons |
| \_\_\_ Wednesday mornings | \_\_\_ Wednesday afternoons |
| \_\_\_ Thursday mornings | \_\_\_ Thursday afternoons |
| \_\_\_ Friday mornings | \_\_\_ Friday afternoons |
| Weekend mornings | Weekend afternoons |

## Interests

### Tell us in which areas you are interested in volunteering

|  |
| --- |
| \_\_\_ Empowering Pregnancy\_\_\_ Newcomer Program |
| Fundraising |
| Events |
| Marketing and communications |
| Community education  |
| Board of directors |
| Peer Theatre (25yrs and under) |
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 Other:Why are you interested in volunteering at SHORE Centre

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## 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.

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## Previous Volunteer Experience

### Summarize your previous volunteer experience.

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## We are pro-choice, sex positive, accessible and inclusive.

What do these values mean to you?

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|  |

## Reference

|  |  |
| --- | --- |
| Name of reference |  |
| Relationship to you |  |
| Address |  |
| Phone |  |
| E-Mail Address |  |

## Do you require any accommodations?

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| --- |
|  |

## Thank you for your interest in volunteering with SHORE Centre. Please email your completed form to director@shorecentre.ca along with your resume.