VOLUNTEER APPLICATION FORM



Contact Informa	ıtion			
First + Last Name Address City Email Phone Number Date of Birth Allergies	e	Prov.	Postal Coc	de
Emergency Cont	act Informatio	on		
Contact Name Cell Phone # Relationship				
Volunteer Servic	e Desired (ba	sed on availabil	lity)	
The Morning Walk Progr in Meal Time/Feeding, v Support Assistant role	ding Assistant ram requires voluntee rolunteers are needed requires volunteers be		between 9:00 AM to 10:0 etween 11:30 AM to 12:30 PM, Monday to Friday, w	_
Availability				
Monday	Tuesdav	Wednesday	Thursday	Friday

Please note, we ask for a minimum commitment of 3-months.

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Why do you wish to volunteer with Steer Friends?				
Previous Volunteer Experience				
Describe your special interests, skills, hobbies				
nything else you'd like us to know				

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For completion by Parent or Guardian of applicant below age of 18 years:

My daughter/son	has my permission to participate as
a volunteer at Steer Friends.	
Has she/he any physical limitations which If yes, specify:	n would govern the type of assignment given?
Parent/Guardian name	
Telephone Ema	ail
Signature:	Date:
Declaration	
 I certify that I will undergo a vulneral a volunteer placement at Steer Friend I agree to commit a minimum of 3 mo as a volunteer. Unless otherwise apprent a policie I agree to adhere to all related policie I accept the responsibility to maintain and remain current on emergency co I understand that during the course of mandatory trainings and agree to pare I understand that not every applicant I certify that the information I have pomisrepresentation or omission may response of the property of the property	onths for volunteering at Steer Friends, if accepted roved by Steer Friends. es and procedures. In my knowledge/understanding of my volunteer role ode procedures. of my volunteering, I may be required to undergo rticipate as required. It may be accepted as a volunteer. orovided is true and understand that any result in my dismissal if accepted as a volunteer. sonal contact information (phone number and ent supervisor and others within the organization for