



SUNRISE HOUSE YOUTH EMERGENCY SHELTER

VOLUNTEER APPLICATION

Please fill out and return by E-mail to stephanie@gpyess.ca.

PERSONAL INFORMATION

First & Last Name: _____

Birth Date: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____

Phone Number: _____

Relationship to Applicant: _____

SKILLS AND EXPERIENCE

Education Completed (please mark X for those that apply)

High School College/University

Trade School Post Graduate

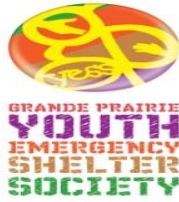
Special Skills or Training:

Present Employer: _____

Position: _____

Current Volunteer Activities:

Pervious Volunteer Activities:



VOLUNTEER PREFERENCES

Please list your preferred days and times for volunteering (e.g. Monday afternoons):

How many hours per month are you willing to contribute?

0-5

5-10

10 or more

when needed

PLEASE INDICATE THE VOLUNTEER OPPORTUNITIES THAT INTEREST YOU. SELECT AS MANY AS YOU LIKE;

Assistant Support Worker

Fundraising

Donations Room

Special Events

Kitchen

Administration

Tutoring

Maintenance

Supper Program

Other

What interests you about volunteering with Sunrise House Youth Emergency Shelter?

How/Where did you hear about us?

DECLARATION

I certify that the facts set forth in the volunteer application are true and complete to the best of my knowledge. I understand that submitting my application does not guarantee my acceptance and I agree to participate in further screening to assist Sunrise House Youth Emergency Shelter in determining my suitability for any volunteer position. I also understand that any information I provide on this form will only be used for screening purposes and will not be release to any other organizations or persons without my authorization.

Signature (or type name): _____

Date: _____