



WOMEN'S PLACE
OF SOUTH NIAGARA INC

PO Box 853
Niagara Falls, ON L2E 6V6
P: 905.356.3933 ext. 239
F: 905.356.5522
volunteercoordinator@wpsn.ca

Volunteer Application

SECTION D: General Interest Questions/Assets

Have you volunteered with Women's Place in the past? Yes No

I am 18 years or older: Yes No

Please describe your education/life experience as it relates to your interest in volunteering

Please tell us about yourself (hobbies, interests etc)

What interests you about volunteering with Women's Place of South Niagara?

Please list the languages you speak, read and/or write

If you wish to volunteer to fulfill a co-op/placement requirement, please complete this area:

Agency/School: _____

Address: _____ City: _____ Province: _____

Name of contact person: _____

Phone number of contact person: _____

Hours required to complete service: _____ Will you receive a credit?: Yes No

For Office Use Only:

Date Received: / /

Date of Interview: / /

Notes: