WOMEN'S PLACE OF SOUTH NIAGARA INC.

P.O. Box 853, Stn. Main
Niagara Falls, ON L2E 6V6
P: (905) 356-3933 Ext. 239
F: (905) 356-5522
P: (905) 732-4632 Ext. 241
F: (905) 732-2485
volunteercoordinator@wpsn.ca

Volunteer Application

Thank you for your interest in volunteering with Women's Place of South Niagara Inc.
Please fill out the application and forward it to Rosemary, our Volunteer Manager's attention.
The form may be submitted through email, mail or fax. We thank you for your interest.

SECTION A: Your Contact Information

Surname | First Name | Initial(s)

House # | Street Name | Apt. #

City/Town | Province | Postal Code

Home Phone # ( ) -

Business Phone # ( ) - Extension

Cell Phone/Pager ( ) -

E-mail

The best time of day to contact me is: (fill in all that apply ■)

- ☐ Morning
- ☐ Afternoon
- ☐ Evening

The best days of the week to contact me are:

☐ Mon. ☐ Tues. ☐ Wed. ☐ Thurs. ☐ Fri. ☐ Sat. ☐ Sun.

I am over 18 years old ☐ Yes ☐ No

SECTION B: Your Areas/Programs of Interest

Please fill in your choices like this: ■

I am interested in the following areas (please fill in all that apply):

☐ In Shelter Volunteer ☐ Administration/Office ☐ Committee/Project

☐ Board of Directors ☐ Fundraising Events ☐ Grocery Shopping

Please briefly share any comments or questions you may have:

For Office Use Only

Date Received: / / Date of Inteview: / /