



true north

a safe place for those impacted by abuse

VOLUNTEER PROGRAM APPLICATION FORM

True North's **mission** is to make sure individuals impacted by abuse are supported through shelter, counselling, resources and prevention services. We are committed to a **vision** of a safe and secure community without abuse.



www.truenorthab.com

VOLUNTEER APPLICATION.

Contact Information

Name: _____

Address: _____

Phone: _____

Email: _____

What is your preferred method of contact? Phone Email

Interests

Tell us which areas your are interested in volunteering

Events (community events, booth support awareness, fundraisers)

Admin Support (data entry, organizing)

Wellness (massage, arts, crafts)

Organize donations

Residential Support (cleaning, supporting organization of the building)

Events Committee

Child Support

Other: _____

References

Please provide the names and contact information for two references. By providing us with this information you are authorizing True North to contact your references by phone or email.

1. Name: _____

Relationship: _____

Phone: _____

Email: _____

2. Name: _____

Relationship: _____

Phone: _____

Email: _____

Availability (Check all that apply)

Sunday	<input type="checkbox"/>	Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	Evening
Monday	<input type="checkbox"/>	Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	Evening
Tuesday	<input type="checkbox"/>	Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	Evening
Wednesday	<input type="checkbox"/>	Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	Evening
Thursday	<input type="checkbox"/>	Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	Evening
Friday	<input type="checkbox"/>	Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	Evening
Saturday	<input type="checkbox"/>	Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	Evening

Comments: _____

Emergency Contact

Name: _____

Address: _____

Phone: _____

Email: _____

Agreement

By submitting this application, I affirm these facts are true and complete. I understand if I am accepted as a volunteer, any false statements, omissions, or other representations made by me on this application may result in my immediate dismissal.

Name: _____ Date: _____

Signature: _____



CONTACT US.

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www.truenorthab.com

Follow us on Facebook & Instagram @TrueNorth