truenorth

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.

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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

- ☐ Donation Room Support
- ☐ Toy Cleaning
- ☐ Wellness (massage, arts, crafts)
- ☐ Outdoor Support
- ☐ Residential Support (cleaning, supporting organization of the building)
- ☐ Adopt-a-Family Support
- ☐ Community Cooking / Baking
- ☐ 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	☐ Morning	☐ Afternoon	☐ Evening
Monday	☐ Morning	☐ Afternoon	☐ Evening
Tuesday	☐ Morning	☐ Afternoon	☐ Evening
Wednesday	☐ Morning	☐ Afternoon	☐ Evening
Thursday	☐ Morning	☐ Afternoon	☐ Evening
Friday	☐ Morning	☐ Afternoon	☐ Evening
Saturday	☐ Morning	☐ Afternoon	☐ 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: _____

Signiture: _____

CONTACT US.

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www.truenorthab.com

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