

VOLUNTEER APPLICATION



Contact Information

Name: _____

Address: _____

Phone: _____

Email: _____

Are you 18 years of age or older? Yes No

Interests

Tell us which areas you 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

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

Morning
9:00am - 1:00pm

Afternoon
1:00pm - 4:00pm

Evening
4:00pm - 8:00pm

These are approximate hours and we happy to work within your schedule!

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