



368 Colborne St. Brantford ON N3S 3N3 P:(519) 759-2221 volunteer@whynotcitymissions.com

Volunteer Information Form

Volunteer Name: _____

Email address: _____ Cell: _____

Permanent Address: _____

Local Address (if different): _____

Date of Birth: _____

Church affiliation (if applicable): _____

Availability:

I am typically available:

Monday ____ am / pm to ____ am / pm

Friday ____ am / pm to ____ am / pm

Tuesday ____ am / pm to ____ am / pm

Saturday ____ am / pm to ____ am / pm

Wednesday ____ am / pm to ____ am / pm

Sunday ____ am / pm to ____ am / pm

Thursday ____ am / pm to ____ am / pm

I would like to volunteer:

- Weekly
- A few times a month
- Monthly
- Occasionally
- As needed

Special interests, training, e.g. CPR/First Aid, special skills, etc.: _____

Where would you like to serve in Why Not and why?

Housing (Specify SHYP or Charlie's Place: _____

Youth Centre: _____

Program Support: _____

Volunteer Type (e.g. Placement, Co-op, Interest) _____

If Placement:

Number of hours to complete: _____

School/Organization (if applicable): _____

Program of Study: _____

By signing below, I acknowledge that the information above is true and accurate.

Signature: _____

Date: _____

TO BE COMPLETED BY STAFF

Photo ID viewed by staff? *Police Check on file. Date of police check:* _____

Staff Name: _____

Staff Signature: _____

Date: _____

Start Date: _____ End Date (if known): _____

Training Date: _____