



## Volunteer Application Form

Name (please print clearly) \_\_\_\_\_

Address \_\_\_\_\_

Telephone (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Email (if available) \_\_\_\_\_

Emergency contact name and phone number \_\_\_\_\_

Do you have any physical limitations or health problems that we should know about?

i.e. allergies, diabetes, problems standing, lifting 30 lbs etc.  Yes  No

Indicate your availability, and preference:

Mon 10:30 to 2:30 \_\_\_\_\_, Tue 3:30pm to 7:30pm \_\_\_\_\_, Wed 10:30 to 2:30 \_\_\_\_\_,

Wed 5:30pm to 7:30pm \_\_\_\_\_, Fri 10:30 to 2:30pm \_\_\_\_\_

In my volunteer capacity, I am committed to the following:

- The Sharing Place is a harassment free environment for its employees and volunteers.
- Adhering to the Health and Safety requirements and participate in training appropriate to my position.
- Respecting all confidential information pertaining to clients, staff, donors and volunteers.
- Treating all individuals with a sense of dignity, respect, and worth.
- Maintaining a non-judgmental attitude towards others, respecting cultural differences, living situations, and life-styles of others.
- Being dependable, recognizing my commitment and responsibility to The Sharing Place

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Scan & Email your application to [bruce@sharingplaceorillia.org](mailto:bruce@sharingplaceorillia.org) or contact us by phone to discuss the available volunteer opportunities. 705-327-4273 x 100. Thank you!