

Women's Centre of Hamilton* Volunteer Application Form

Name: _____ Date: _____

Address: _____

Telephone: (home) _____ (other) _____

E-mail Address: _____

Emergency Contact: _____

Please indicate the volunteer position you are interested in:

Administration Fundraising Special Events Peer Support Court Support

Have you accessed services at Interval House of Hamilton, the Women's Centre of Hamilton, or the Flamborough Women's Resource Centre within the past 18 months? Yes No

What interests you about volunteering at the Women's Centre?

Please indicate your available times for volunteering:

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Evening					

What qualities and skills would you bring to a volunteer position at The Women's Centre?

Please highlight any related educational, work, or personal experience that would pertain to this position.

Please indicate the languages you know orally and/or written:

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References:

	Name	Telephone	Relationship
1			
2			
3			

Please send completed form as well as an updated resume to Women's Centre Volunteer Coordinator

by mail: 100 Main St. East, Suite 205 or email: program1@bellnet.ca
Hamilton, ON L8N 3W4

Applicants will be contacted by telephone to arrange a time for an interview.